

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different  
than previously  
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00040253

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

08

18

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 3 | 1 | 2 | 0 | 0 | 6 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2006</span>   |                         | 113864.78                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 123123.52               |                                   |
| (c) Total Receipts (from Line 19) .....  | 29529.37                | 236391.09                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 152652.89               | 350255.87                         |
| 7. Total Disbursements (from Line 31) .....  | 42483.93                | 240086.91                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 110168.96               | 110168.96                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 3 | 1 | 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 27004.02                      | 134046.82                         |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 1274.60                       | 100589.56                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡   | 28278.62                      | 234636.38                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡  | 28278.62                      | 234636.38                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 1250.00                       | 1750.00                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.75                          | 4.71                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 29529.37                      | 236391.09                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 29529.37                      | 236391.09                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                               |                                   |
| (i) Federal Share.....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   | 183.93                        | 1236.91                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 183.93                        | 1236.91                           |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 11000.00                      | 87500.00                          |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements.....  | 31300.00                      | 151350.00                         |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                               |                                   |
| (i) Federal Share .....   | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 42483.93                      | 240086.91                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 42483.93                      | 240086.91                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 28278.62                      | 234636.38                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 28278.62                      | 234636.38                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 183.93                        | 1236.91                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 1250.00                       | 1750.00                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | -1066.07                      | -513.09                           |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077462

Amount of Each Receipt this Period

21.80

Full Name (Last, First, Middle Initial)

B. REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144033

Amount of Each Receipt this Period

21.80

Full Name (Last, First, Middle Initial)

C. ERNEST D ADAMS

Mailing Address 33934 N TREELINE CT

City State Zip Code  
 GAGES LAKE IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.83

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077173

Amount of Each Receipt this Period

18.32

SUBTOTAL of Receipts This Page (optional) .....

61.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ERNEST D ADAMS  
 Mailing Address 33934 N TREELINE CT

City State Zip Code  
 GAGES LAKE IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143744

Amount of Each Receipt this Period

18.32

**B.** Full Name (Last, First, Middle Initial)  
 JONES G ADUKEH  
 Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
 LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077380

Amount of Each Receipt this Period

27.69

**C.** Full Name (Last, First, Middle Initial)  
 LORA L ADUKEH  
 Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
 LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077446

Amount of Each Receipt this Period

30.10

**SUBTOTAL** of Receipts This Page (optional) .....

76.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LORAL ADUKEH  
Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144017

Amount of Each Receipt this Period

30.10

**B.** Full Name (Last, First, Middle Initial)  
JONES G ADUKEH  
Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143951

Amount of Each Receipt this Period

27.69

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL W AGAR  
Mailing Address 200 W MILL VALLEY DR

City State Zip Code  
COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077347

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

74.14

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL W AGAR  
Mailing Address 200 W MILL VALLEY DR

City State Zip Code  
COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.75

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143918

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
ERIKA S AHERN  
Mailing Address 143 EAST WOOD STREET

City State Zip Code  
PALATINE IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.78

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077045

Amount of Each Receipt this Period

21.82

**C.** Full Name (Last, First, Middle Initial)  
ERIKA S AHERN  
Mailing Address 143 EAST WOOD STREET

City State Zip Code  
PALATINE IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.60

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143617

Amount of Each Receipt this Period

21.82

**SUBTOTAL** of Receipts This Page (optional) .....

59.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City State Zip Code  
HOFFMAN ESTATES IL 60192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.89

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077209

Amount of Each Receipt this Period

19.92

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City State Zip Code  
HOFFMAN ESTATES IL 60192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.81

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143780

Amount of Each Receipt this Period

19.92

**C.** Full Name (Last, First, Middle Initial)  
NANCY H ANDERSON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.36

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077218

Amount of Each Receipt this Period

27.14

**SUBTOTAL** of Receipts This Page (optional) .....

66.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
NANCY H ANDERSON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143789

Amount of Each Receipt this Period

27.14

**B.** Full Name (Last, First, Middle Initial)

WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code  
 SAFETY HARBOR FL 34695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077157

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)

WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code  
 SAFETY HARBOR FL 34695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143728

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

59.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code  
 GRAYS LAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077039

Amount of Each Receipt this Period

64.50

Full Name (Last, First, Middle Initial)

**B.** JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code  
 GRAYS LAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.08

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143611

Amount of Each Receipt this Period

64.50

Full Name (Last, First, Middle Initial)

**C.** CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE

City State Zip Code  
 JACKSONVILLE FL 32224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077142

Amount of Each Receipt this Period

29.66

**SUBTOTAL** of Receipts This Page (optional) .....

158.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE

City State Zip Code  
 JACKSONVILLE FL 32224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143713

Amount of Each Receipt this Period

29.66

**B.** Full Name (Last, First, Middle Initial)  
DIANE G BAKER

Mailing Address 120 EAST SHERIDAN RD

City State Zip Code  
 LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.64

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077137

Amount of Each Receipt this Period

46.36

**C.** Full Name (Last, First, Middle Initial)  
RICHARD L BAKER

Mailing Address 1125 W ACORN TRAIL

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Internal S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077186

Amount of Each Receipt this Period

59.95

**SUBTOTAL** of Receipts This Page (optional) .....

135.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROBERT Z BAKER  
 Mailing Address 3012 THORNHILL DRIVE

City State Zip Code  
 GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077476

Amount of Each Receipt this Period

16.01

**B.** Full Name (Last, First, Middle Initial)  
 DIANE G BAKER  
 Mailing Address 120 EAST SHERIDAN RD

City State Zip Code  
 LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143708

Amount of Each Receipt this Period

46.36

**C.** Full Name (Last, First, Middle Initial)  
 RICHARD L BAKER  
 Mailing Address 1125 W ACORN TRAIL

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Internal S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143757

Amount of Each Receipt this Period

59.95

**SUBTOTAL** of Receipts This Page (optional) .....

122.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROBERT Z BAKER  
 Mailing Address 3012 THORNHILL DRIVE

City State Zip Code  
 GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144047

Amount of Each Receipt this Period

16.01

**B.** Full Name (Last, First, Middle Initial)  
 GARRY J BALLEK  
 Mailing Address 1013 MASON LANE

City State Zip Code  
 LAKE IN THE HIL IL 60156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Unclassified Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077278

Amount of Each Receipt this Period

18.80

**C.** Full Name (Last, First, Middle Initial)  
 GARRY J BALLEK  
 Mailing Address 1013 MASON LANE

City State Zip Code  
 LAKE IN THE HIL IL 60156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Unclassified Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143849

Amount of Each Receipt this Period

18.80

**SUBTOTAL** of Receipts This Page (optional) .....

53.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| NOVI | MI    | 48374    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
FVP President New Jersey

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.10

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077112

Amount of Each Receipt this Period

32.31

Full Name (Last, First, Middle Initial)

**B.** WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| NOVI | MI    | 48374    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
FVP President New Jersey

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.41

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143684

Amount of Each Receipt this Period

32.31

Full Name (Last, First, Middle Initial)

**C.** ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| EL DORADO HILLS | CA    | 95762    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077460

Amount of Each Receipt this Period

61.49

SUBTOTAL of Receipts This Page (optional) .....

126.11

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROBERT H BARGE III  
 Mailing Address 2222 LOCH WAY

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.83

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144031

Amount of Each Receipt this Period

61.49

**B.** Full Name (Last, First, Middle Initial)  
 PATRICK J BARKLEY  
 Mailing Address 1694 WARRINGTON LANE

City State Zip Code  
 CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Consultant-M1400

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.44

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077239

Amount of Each Receipt this Period

15.46

**C.** Full Name (Last, First, Middle Initial)  
 PATRICK J BARKLEY  
 Mailing Address 1694 WARRINGTON LANE

City State Zip Code  
 CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Consultant-M1400

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143810

Amount of Each Receipt this Period

15.46

**SUBTOTAL** of Receipts This Page (optional) .....

92.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID J BAUMGARDNER

Mailing Address 12620 Lake Normandy Lane

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.53

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077184

Amount of Each Receipt this Period

23.72

**B.** Full Name (Last, First, Middle Initial)  
DAVID J BAUMGARDNER

Mailing Address 12620 Lake Normandy Lane

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.25

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143755

Amount of Each Receipt this Period

23.72

**C.** Full Name (Last, First, Middle Initial)  
ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code  
COLONIA NJ 07067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077058

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

67.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code  
 COLONIA NJ 07067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143630

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**B.** CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077233

Amount of Each Receipt this Period

17.94

Full Name (Last, First, Middle Initial)

**C.** CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143804

Amount of Each Receipt this Period

17.94

**SUBTOTAL** of Receipts This Page (optional) .....

55.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 DIANE BELLAS  
 Mailing Address 632 Concord Way

City State Zip Code  
 Prospect Heights IL 60070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.99

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077241

Amount of Each Receipt this Period

23.31

**B.** Full Name (Last, First, Middle Initial)  
 DIANE BELLAS  
 Mailing Address 632 Concord Way

City State Zip Code  
 Prospect Heights IL 60070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143812

Amount of Each Receipt this Period

23.31

**C.** Full Name (Last, First, Middle Initial)  
 WALTER A BERKOWICZ  
 Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.66

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077310

Amount of Each Receipt this Period

30.54

**SUBTOTAL** of Receipts This Page (optional) .....

77.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143881

Amount of Each Receipt this Period

30.54

Full Name (Last, First, Middle Initial)

**B.** EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code  
 GLENCOE IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.53

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077078

Amount of Each Receipt this Period

37.71

Full Name (Last, First, Middle Initial)

**C.** EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code  
 GLENCOE IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.24

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143650

Amount of Each Receipt this Period

37.71

**SUBTOTAL** of Receipts This Page (optional) .....

105.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID G BIEMILLER  
Mailing Address 480 LEES LAKE RD

City State Zip Code  
FAYETTEVILLE GA 30214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077158

Amount of Each Receipt this Period

18.63

**B.** Full Name (Last, First, Middle Initial)  
DAVID G BIEMILLER  
Mailing Address 480 LEES LAKE RD

City State Zip Code  
FAYETTEVILLE GA 30214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143729

Amount of Each Receipt this Period

18.63

**C.** Full Name (Last, First, Middle Initial)  
DAVID A BIRD  
Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEA FL 32082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
President-Allstate Workpl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.55

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077383

Amount of Each Receipt this Period

37.28

**SUBTOTAL** of Receipts This Page (optional) .....

74.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DAVID A BIRD   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 24567 HARBOUR VIEW DRIVE  |   | <b>Transaction ID:</b> A2006-1143954                            |
| City State Zip Code<br>PONTE VEDRA BEA FL 32082   | Amount of Each Receipt this Period<br>37.28 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>President-Allstate Workpl     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>552.83          |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ROBERT L BLOCK   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 398 Brookmont Lane  |   | <b>Transaction ID:</b> A2006-1077370                            |
| City State Zip Code<br>North Barrington IL 60010  | Amount of Each Receipt this Period<br>57.33 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Vice President Investor R     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>787.08          |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ROBERT L BLOCK   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 398 Brookmont Lane  |   | <b>Transaction ID:</b> A2006-1143941                            |
| City State Zip Code<br>North Barrington IL 60010  | Amount of Each Receipt this Period<br>57.33 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Vice President Investor R     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>844.41          |   |

**SUBTOTAL** of Receipts This Page (optional) .....

151.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
 ELK GROVE VLLGE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.41

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077192

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B.** CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
 ELK GROVE VLLGE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.56

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143763

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C.** MICHAEL E BOND

Mailing Address 1246 PRAIRIE ORCHID LANE

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.48

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077338

Amount of Each Receipt this Period

26.17

**SUBTOTAL** of Receipts This Page (optional) .....

118.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |       |   |
|---|-------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL E BOND   |       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 1246 PRAIRIE ORCHID LANE  |       |   |
| City  | State | Zip Code  |
| GRAYSLAKE   | IL    | 60030   |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: A2006-1143909                                 |
| Amount of Each Receipt this Period  |       | 26.17   |
| Name of Employer<br>Allstate Insurance Company  |       | Occupation<br>F&P/Enterprise Risk Manag                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       |   |
| Aggregate Year-to-Date ▼  |       | 387.65  |

|   |       |   |
|---|-------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CAROL L BONOVICH   |       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 6 N. MILLERS LANE   |       |   |
| City  | State | Zip Code  |
| MT. PROSPECT  | IL    | 60056   |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: A2006-1077299                                 |
| Amount of Each Receipt this Period  |       | 15.86   |
| Name of Employer<br>Allstate Insurance Company  |       | Occupation<br>CC IT Senior Manager                            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       |   |
| Aggregate Year-to-Date ▼  |       | 218.64  |

|   |       |   |
|---|-------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CAROL L BONOVICH   |       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 6 N. MILLERS LANE   |       |   |
| City  | State | Zip Code  |
| MT. PROSPECT  | IL    | 60056   |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: A2006-1143870                                 |
| Amount of Each Receipt this Period  |       | 15.86   |
| Name of Employer<br>Allstate Insurance Company  |       | Occupation<br>CC IT Senior Manager                            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       |   |
| Aggregate Year-to-Date ▼  |       | 234.50  |

**SUBTOTAL** of Receipts This Page (optional) .....

57.89

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DOUGLAS L BORG

Mailing Address 5550 Maybeck Ln

City State Zip Code  
Livermore CA 94550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077457

Amount of Each Receipt this Period

24.40

**B.** Full Name (Last, First, Middle Initial)  
DOUGLAS L BORG

Mailing Address 5550 Maybeck Ln

City State Zip Code  
Livermore CA 94550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.20

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1144028

Amount of Each Receipt this Period

24.40

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City State Zip Code  
WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

978.32

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077116

Amount of Each Receipt this Period

71.08

SUBTOTAL of Receipts This Page (optional) .....

119.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL B BOYLE  
Mailing Address 1063 CHERRY STREET

City State Zip Code  
WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143688

Amount of Each Receipt this Period

71.08

**B.** Full Name (Last, First, Middle Initial)  
RONALD E BRABEC  
Mailing Address 2823 TIMBER HILL DR.

City State Zip Code  
GRAPEVINE TX 76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143976

Amount of Each Receipt this Period

13.88

**C.** Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY  
Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.72

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077423

Amount of Each Receipt this Period

19.63

**SUBTOTAL** of Receipts This Page (optional) .....

104.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY  
Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.35

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143994

Amount of Each Receipt this Period

19.63

**B.** Full Name (Last, First, Middle Initial)  
KENNETH A BRANCH  
Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077389

Amount of Each Receipt this Period

19.84

**C.** Full Name (Last, First, Middle Initial)  
KENNETH A BRANCH  
Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.49

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143960

Amount of Each Receipt this Period

19.84

**SUBTOTAL** of Receipts This Page (optional) .....

59.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.52

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077264

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B.** JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143835

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C.** SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code  
 SOMERVILLE NJ 08876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.63

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077063

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

54.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code  
 SOMERVILLE NJ 08876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143635

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B.** DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.31

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077099

Amount of Each Receipt this Period

17.49

Full Name (Last, First, Middle Initial)

**C.** DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143671

Amount of Each Receipt this Period

17.49

**SUBTOTAL** of Receipts This Page (optional) .....

51.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.51

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077251

Amount of Each Receipt this Period

37.19

Full Name (Last, First, Middle Initial)

**B.** SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143822

Amount of Each Receipt this Period

37.19

Full Name (Last, First, Middle Initial)

**C.** DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.48

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077125

Amount of Each Receipt this Period

33.47

**SUBTOTAL** of Receipts This Page (optional) .....

107.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
J D BROCK  
Mailing Address 4958 DAY LILY WAY

City State Zip Code  
ACWORTH GA 30102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.53

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077388

Amount of Each Receipt this Period

31.87

**B.** Full Name (Last, First, Middle Initial)  
J D BROCK  
Mailing Address 4958 DAY LILY WAY

City State Zip Code  
ACWORTH GA 30102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143959

Amount of Each Receipt this Period

31.87

**C.** Full Name (Last, First, Middle Initial)  
DAVID C BROCK  
Mailing Address 305 CHURCHILL LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143697

Amount of Each Receipt this Period

33.47

**SUBTOTAL** of Receipts This Page (optional) .....

97.21

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code  
 CARY IL 60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077245

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code  
 CARY IL 60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143816

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)

WILLIAM J BROOKS

Mailing Address 121 HOLLENDEN LANE

City State Zip Code  
 MADISON MS 39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077155

Amount of Each Receipt this Period

25.47

SUBTOTAL of Receipts This Page (optional) .....

65.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** WILLIAM J BROOKS

Mailing Address 121 HOLLENDEN LANE

City State Zip Code  
 MADISON MS 39110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143726

Amount of Each Receipt this Period

25.47

Full Name (Last, First, Middle Initial)

**B.** LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code  
 FRANKLIN TN 37064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077129

Amount of Each Receipt this Period

16.62

Full Name (Last, First, Middle Initial)

**C.** LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code  
 FRANKLIN TN 37064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143700

Amount of Each Receipt this Period

16.62

**SUBTOTAL** of Receipts This Page (optional) .....

58.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code  
 ORLANDO FL 32836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077080

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B.** BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code  
 CHICAGO IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.78

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077195

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

**C.** PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.99

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077345

Amount of Each Receipt this Period

19.86

**SUBTOTAL** of Receipts This Page (optional) .....

75.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code  
 ORLANDO FL 32836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143652

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code  
 CHICAGO IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143766

Amount of Each Receipt this Period

39.77

**C.** Full Name (Last, First, Middle Initial)  
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143916

Amount of Each Receipt this Period

19.86

**SUBTOTAL** of Receipts This Page (optional) .....

75.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE  
Mailing Address 190 SAVANNA CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2207.73

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077141

Amount of Each Receipt this Period

161.54

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE  
Mailing Address 190 SAVANNA CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2369.27

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143712

Amount of Each Receipt this Period

161.54

**C.** Full Name (Last, First, Middle Initial)  
ANNE MARIE L BRUNNER  
Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code  
BERWYN IL 60402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.71

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077246

Amount of Each Receipt this Period

33.54

**SUBTOTAL** of Receipts This Page (optional) .....

356.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code  
 BERWYN IL 60402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143817

Amount of Each Receipt this Period

33.54

Full Name (Last, First, Middle Initial)

**B.** JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City State Zip Code  
 MC LEAN VA 22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.82

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077435

Amount of Each Receipt this Period

34.00

Full Name (Last, First, Middle Initial)

**C.** JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City State Zip Code  
 MC LEAN VA 22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.82

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144006

Amount of Each Receipt this Period

34.00

**SUBTOTAL** of Receipts This Page (optional) .....

101.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RHONDA J BUBAN  
Mailing Address 856 SPRINGHILL CT

City State Zip Code  
ELGIN IL 60120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.86

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143767

Amount of Each Receipt this Period

14.56

**B.** Full Name (Last, First, Middle Initial)  
STEVEN C BUCHHOLZ  
Mailing Address 412 S. VAIL

City State Zip Code  
ARL HEIGHTS IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.08

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077212

Amount of Each Receipt this Period

29.92

**C.** Full Name (Last, First, Middle Initial)  
STEVEN C BUCHHOLZ  
Mailing Address 412 S. VAIL

City State Zip Code  
ARL HEIGHTS IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143783

Amount of Each Receipt this Period

29.92

**SUBTOTAL** of Receipts This Page (optional) .....

74.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
NANCY M BUFALINO  
Mailing Address 250 E. PEARSON #1701

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.61

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077269

Amount of Each Receipt this Period

22.50

**B.** Full Name (Last, First, Middle Initial)  
NANCY M BUFALINO  
Mailing Address 250 E. PEARSON #1701

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.11

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143840

Amount of Each Receipt this Period

22.50

**C.** Full Name (Last, First, Middle Initial)  
DAVID N BUGGS  
Mailing Address 12234 85TH AVE

City State Zip Code  
PLEASANT PR WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.48

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077371

Amount of Each Receipt this Period

31.82

**SUBTOTAL** of Receipts This Page (optional) .....

76.82

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID N BUGGS  
Mailing Address 12234 85TH AVE

City State Zip Code  
PLEASANT PR WI 53158

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143942

Amount of Each Receipt this Period

31.82

**B.** Full Name (Last, First, Middle Initial)  
KAREN E BURCKHARDT  
Mailing Address 730 E. HAWTHORNE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077369

Amount of Each Receipt this Period

39.68

**C.** Full Name (Last, First, Middle Initial)  
KAREN E BURCKHARDT  
Mailing Address 730 E. HAWTHORNE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143940

Amount of Each Receipt this Period

39.68

SUBTOTAL of Receipts This Page (optional) .....

111.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077085

Amount of Each Receipt this Period

16.50

**B.**

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143657

Amount of Each Receipt this Period

16.50

**C.**

Full Name (Last, First, Middle Initial)

PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code  
 FLOWER MOUND TX 75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.27

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077401

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

61.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code  
FLOWER MOUND TX 75028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.70

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143972

Amount of Each Receipt this Period

28.43

**B.** Full Name (Last, First, Middle Initial)  
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code  
SPRING GROVE IL 60081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1151.29

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077022

Amount of Each Receipt this Period

83.91

**C.** Full Name (Last, First, Middle Initial)  
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code  
SPRING GROVE IL 60081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.20

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143594

Amount of Each Receipt this Period

83.91

**SUBTOTAL** of Receipts This Page (optional) .....

196.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 44 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>D C BUTLER III   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6                     |
| Mailing Address 15430 WHITE COLUMNS DRIVE   |   | <b>Transaction ID:</b> A2006-1077138<br>Amount of Each Receipt this Period<br>50.23 |
| City<br>ALPHARETTA  | State Zip Code<br>GA 30004              |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Assistant Field Vice Pres |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>686.49      |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>D C BUTLER III   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6                     |
| Mailing Address 15430 WHITE COLUMNS DRIVE   |   | <b>Transaction ID:</b> A2006-1143709<br>Amount of Each Receipt this Period<br>50.23 |
| City<br>ALPHARETTA  | State Zip Code<br>GA 30004              |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Assistant Field Vice Pres |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>736.72      |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ALICE M BYRNE  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6                     |
| Mailing Address 4121 109TH STREET   |   | <b>Transaction ID:</b> A2006-1077364<br>Amount of Each Receipt this Period<br>17.91 |
| City<br>PLEASANT PRAIRI   | State Zip Code<br>WI 53158              |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Assistant Field Vice Pres |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.21      |   |

**SUBTOTAL** of Receipts This Page (optional) .....

118.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ALICE M BYRNE

Mailing Address 4121 109TH STREET

City State Zip Code  
 PLEASANT PRAIRI WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143935

Amount of Each Receipt this Period

17.91

Full Name (Last, First, Middle Initial)

**B.** RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code  
 POMPANO BEACH FL 33062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.17

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077146

Amount of Each Receipt this Period

14.93

Full Name (Last, First, Middle Initial)

**C.** RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code  
 POMPANO BEACH FL 33062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143717

Amount of Each Receipt this Period

14.93

**SUBTOTAL** of Receipts This Page (optional) .....

47.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.23

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077351

Amount of Each Receipt this Period

57.81

Full Name (Last, First, Middle Initial)

**B.** DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143922

Amount of Each Receipt this Period

57.81

Full Name (Last, First, Middle Initial)

**C.** JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077102

Amount of Each Receipt this Period

14.30

**SUBTOTAL** of Receipts This Page (optional) .....

129.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143674

Amount of Each Receipt this Period

14.30

Full Name (Last, First, Middle Initial)

**B.** KIMBERLY CARMICHAEL

Mailing Address 713 TORY LANE

City State Zip Code  
 PHOENIXVILLE PA 19460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.94

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077147

Amount of Each Receipt this Period

14.91

Full Name (Last, First, Middle Initial)

**C.** KIMBERLY CARMICHAEL

Mailing Address 713 TORY LANE

City State Zip Code  
 PHOENIXVILLE PA 19460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143718

Amount of Each Receipt this Period

14.91

**SUBTOTAL** of Receipts This Page (optional) .....

44.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** EARL W CHANCE

Mailing Address 6974 WINTER RIDGE PLACE

City State Zip Code  
 CASTLE ROCK CO 80108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077397

Amount of Each Receipt this Period

14.63

Full Name (Last, First, Middle Initial)

**B.** EARL W CHANCE

Mailing Address 6974 WINTER RIDGE PLACE

City State Zip Code  
 CASTLE ROCK CO 80108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143968

Amount of Each Receipt this Period

14.63

Full Name (Last, First, Middle Initial)

**C.** IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077379

Amount of Each Receipt this Period

20.32

**SUBTOTAL** of Receipts This Page (optional) .....

49.58

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143950

Amount of Each Receipt this Period

20.32

Full Name (Last, First, Middle Initial)

**B.** VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Senior Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077319

Amount of Each Receipt this Period

15.11

Full Name (Last, First, Middle Initial)

**C.** VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Senior Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143890

Amount of Each Receipt this Period

15.11

**SUBTOTAL** of Receipts This Page (optional) .....

50.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.43

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077300

Amount of Each Receipt this Period

35.47

Full Name (Last, First, Middle Initial)

B. SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143871

Amount of Each Receipt this Period

35.47

Full Name (Last, First, Middle Initial)

C. MICHAEL A CLARK

Mailing Address 26115 N 104TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077059

Amount of Each Receipt this Period

41.96

SUBTOTAL of Receipts This Page (optional) .....

112.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWARD T CLARK  
Mailing Address 2907 GLENARYE DR

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077327

Amount of Each Receipt this Period

17.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL A CLARK  
Mailing Address 26115 N 104TH WAY

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143631

Amount of Each Receipt this Period

41.96

**C.** Full Name (Last, First, Middle Initial)  
EDWARD T CLARK  
Mailing Address 2907 GLENARYE DR

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143898

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BRIAN L CLARK  
Mailing Address 504 FLORENCE DRIVE

City State Zip Code  
MADISON MS 39110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Staff Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143958

Amount of Each Receipt this Period

14.44

**B.** Full Name (Last, First, Middle Initial)  
MARK P CLOGHESSY  
Mailing Address 4343 LAWN AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.77

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077183

Amount of Each Receipt this Period

32.13

**C.** Full Name (Last, First, Middle Initial)  
MARK P CLOGHESSY  
Mailing Address 4343 LAWN AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143754

Amount of Each Receipt this Period

32.13

**SUBTOTAL** of Receipts This Page (optional) .....

78.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
 PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.84

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077326

Amount of Each Receipt this Period

26.71

Full Name (Last, First, Middle Initial)

**B.** DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
 PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.55

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143897

Amount of Each Receipt this Period

26.71

Full Name (Last, First, Middle Initial)

**C.** LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code  
 WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.63

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077288

Amount of Each Receipt this Period

30.12

**SUBTOTAL** of Receipts This Page (optional) .....

83.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code  
 WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143859

Amount of Each Receipt this Period

30.12

**B.** Full Name (Last, First, Middle Initial)

WILLIAM C COLE

Mailing Address 6796 LIVINGSTON DR.

City State Zip Code  
 HUNTINGTON BCH CA 92648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077465

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)

WILLIAM C COLE

Mailing Address 6796 LIVINGSTON DR.

City State Zip Code  
 HUNTINGTON BCH CA 92648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144036

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

62.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWARD T COLLINS  
Mailing Address 809 DUNHILL COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.47

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077234

Amount of Each Receipt this Period

39.77

**B.** Full Name (Last, First, Middle Initial)  
EDWARD T COLLINS  
Mailing Address 809 DUNHILL COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.24

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143805

Amount of Each Receipt this Period

39.77

**C.** Full Name (Last, First, Middle Initial)  
LARRY K CONLEE  
Mailing Address 4516 LINSOTT AVE

City State Zip Code  
DOWNERS GROVE IL 60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.89

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077275

Amount of Each Receipt this Period

15.51

**SUBTOTAL** of Receipts This Page (optional) .....

95.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LARRY K CONLEE

Mailing Address 4516 LINS COTT AVE

City State Zip Code  
DOWNERS GROVE IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143846

Amount of Each Receipt this Period

15.51

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code  
SCHAUMBURG IL 60193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.09

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077291

Amount of Each Receipt this Period

28.11

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code  
SCHAUMBURG IL 60193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143862

Amount of Each Receipt this Period

28.11

**SUBTOTAL** of Receipts This Page (optional) .....

71.73

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RONALD L CORBIN  
Mailing Address 14 Portrush Place

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.63

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077395

Amount of Each Receipt this Period

64.28

**B.** Full Name (Last, First, Middle Initial)  
RONALD L CORBIN  
Mailing Address 14 Portrush Place

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.91

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143966

Amount of Each Receipt this Period

64.28

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J CREAGH  
Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077061

Amount of Each Receipt this Period

19.69

**SUBTOTAL** of Receipts This Page (optional) .....

148.25

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| ARLINGTON HTS | IL    | 60004    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.40

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143633

Amount of Each Receipt this Period

19.69

Full Name (Last, First, Middle Initial)

**B.** WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| ARLINGTON HGTS. | IL    | 60005    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.14

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077193

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

**C.** WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| ARLINGTON HGTS. | IL    | 60005    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.88

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143764

Amount of Each Receipt this Period

67.74

SUBTOTAL of Receipts This Page (optional) .....

155.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE  
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-Product Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.88

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077187

Amount of Each Receipt this Period

76.15

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE  
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-Product Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.03

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143758

Amount of Each Receipt this Period

76.15

**C.** Full Name (Last, First, Middle Initial)  
RICHARD C CRIST JR  
Mailing Address 14 CARDINAL DRIVE

City State Zip Code  
PRINCETON JUNCT NJ 08550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.45

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077093

Amount of Each Receipt this Period

65.96

**SUBTOTAL** of Receipts This Page (optional) .....

218.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RICHARD C CRIST JR  
 Mailing Address 14 CARDINAL DRIVE

City State Zip Code  
 PRINCETON JUNCT NJ 08550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.41

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143665

Amount of Each Receipt this Period

65.96

**B.** Full Name (Last, First, Middle Initial)  
 JOAN M CROCKETT  
 Mailing Address 27 RIVER BEND CT

City State Zip Code  
 LAKE BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 SVP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.39

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077163

Amount of Each Receipt this Period

113.08

**C.** Full Name (Last, First, Middle Initial)  
 JOAN M CROCKETT  
 Mailing Address 27 RIVER BEND CT

City State Zip Code  
 LAKE BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 SVP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1623.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143734

Amount of Each Receipt this Period

113.08

**SUBTOTAL** of Receipts This Page (optional) .....

292.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM DALY  
Mailing Address 22425 N LINDEN DR.

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.16

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077077

Amount of Each Receipt this Period

35.74

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM DALY  
Mailing Address 22425 N LINDEN DR.

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.90

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143649

Amount of Each Receipt this Period

35.74

**C.** Full Name (Last, First, Middle Initial)  
ROBERT W DANIELS  
Mailing Address 1020 Pleasant Street

City State Zip Code  
Oak Park IL 60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.67

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077124

Amount of Each Receipt this Period

27.88

**SUBTOTAL** of Receipts This Page (optional) .....

99.36

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Oak Park | IL    | 60302    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.55

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143696

Amount of Each Receipt this Period

27.88

**B.** Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| NORTHBROOK | IL    | 60062    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.82

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077243

Amount of Each Receipt this Period

32.02

**C.** Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| NORTHBROOK | IL    | 60062    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.84

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143814

Amount of Each Receipt this Period

32.02

**SUBTOTAL** of Receipts This Page (optional) .....

91.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PETER D DEBRECENY  
Mailing Address 1512 NORTH HOYNE AVE

City State Zip Code  
CHICAGO IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.78

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077176

Amount of Each Receipt this Period

58.62

**B.** Full Name (Last, First, Middle Initial)  
PETER D DEBRECENY  
Mailing Address 1512 NORTH HOYNE AVE

City State Zip Code  
CHICAGO IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.40

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143747

Amount of Each Receipt this Period

58.62

**C.** Full Name (Last, First, Middle Initial)  
RANDAL S DECOURSEY  
Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code  
LINCOLN NE 68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.67

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077237

Amount of Each Receipt this Period

27.78

**SUBTOTAL** of Receipts This Page (optional) .....

145.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

RANDAL S DECOURSEY

Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code  
 LINCOLN NE 68516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143808

Amount of Each Receipt this Period

27.78

**B.** Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code  
 CARY IL 60013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.57

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077167

Amount of Each Receipt this Period

34.08

**C.** Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code  
 CARY IL 60013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143738

Amount of Each Receipt this Period

34.08

**SUBTOTAL** of Receipts This Page (optional) .....

95.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.77

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077342

Amount of Each Receipt this Period

49.74

Full Name (Last, First, Middle Initial)

**B.** JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.51

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143913

Amount of Each Receipt this Period

49.74

Full Name (Last, First, Middle Initial)

**C.** LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City State Zip Code  
 ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.46

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077156

Amount of Each Receipt this Period

29.31

**SUBTOTAL** of Receipts This Page (optional) .....

128.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City State Zip Code  
 ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.77

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143727

Amount of Each Receipt this Period

29.31

**B.** Full Name (Last, First, Middle Initial)

KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code  
 BARRINGTON HILL IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.99

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077365

Amount of Each Receipt this Period

15.26

**C.** Full Name (Last, First, Middle Initial)

KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code  
 BARRINGTON HILL IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143936

Amount of Each Receipt this Period

15.26

**SUBTOTAL** of Receipts This Page (optional) .....

59.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>LEO DISHEL<br>Mailing Address 340 E 74TH ST APT 6C<br>City State Zip Code<br>NEW YORK NY 10021<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Market Distribution Leade<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>273.09 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1077057<br>Amount of Each Receipt this Period<br>19.71 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>LEO DISHEL<br>Mailing Address 340 E 74TH ST APT 6C<br>City State Zip Code<br>NEW YORK NY 10021<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Market Distribution Leade<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>292.80 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1143629<br>Amount of Each Receipt this Period<br>19.71 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>SARAH R DONAHUE<br>Mailing Address 4147 RFD<br>City State Zip Code<br>LONG GROVE IL 60047<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>AVP Northbrook/Glenbrook<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>490.07       |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1077318<br>Amount of Each Receipt this Period<br>35.69 |

**SUBTOTAL** of Receipts This Page (optional) .....

75.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.76

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143889

Amount of Each Receipt this Period

35.69

**B.** Full Name (Last, First, Middle Initial)  
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Investor Relations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.28

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077441

Amount of Each Receipt this Period

19.87

**C.** Full Name (Last, First, Middle Initial)  
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Investor Relations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.15

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1144012

Amount of Each Receipt this Period

19.87

**SUBTOTAL** of Receipts This Page (optional) .....

75.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City State Zip Code  
MALVERN PA 19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.99

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077097

Amount of Each Receipt this Period

19.41

B. Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City State Zip Code  
MALVERN PA 19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.40

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143669

Amount of Each Receipt this Period

19.41

C. Full Name (Last, First, Middle Initial)

JAMES M DUDAS

Mailing Address 109 LORRAINE DRIVE

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.66

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077165

Amount of Each Receipt this Period

17.49

SUBTOTAL of Receipts This Page (optional) .....

56.31

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JAMES M DUDAS

Mailing Address 109 LORRAINE DRIVE

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.15

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143736

Amount of Each Receipt this Period

17.49

**B.** Full Name (Last, First, Middle Initial)  
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code  
BERWYN IL 60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.83

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077200

Amount of Each Receipt this Period

37.52

**C.** Full Name (Last, First, Middle Initial)  
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code  
BERWYN IL 60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.35

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143771

Amount of Each Receipt this Period

37.52

SUBTOTAL of Receipts This Page (optional) .....

92.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL J VELOTTA  
Mailing Address 1111 LOYOLA DR

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.52

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077393

Amount of Each Receipt this Period

74.22

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL J VELOTTA  
Mailing Address 1111 LOYOLA DR

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.74

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143964

Amount of Each Receipt this Period

74.22

**C.** Full Name (Last, First, Middle Initial)  
STEVEN C VERNEY  
Mailing Address 37144 FOX HILL DR

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.98

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077070

Amount of Each Receipt this Period

64.83

**SUBTOTAL** of Receipts This Page (optional) .....

213.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code  
**WADSWORTH IL 60083**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.81

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1143642

Amount of Each Receipt this Period

64.83

Full Name (Last, First, Middle Initial)

**B.** ROBERT D VOLLENHALS

Mailing Address 24682 MONTE ROYALE

City State Zip Code  
**LAGUNA HILLS CA 92653**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.76

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077452

Amount of Each Receipt this Period

16.34

Full Name (Last, First, Middle Initial)

**C.** ROBERT D VOLLENHALS

Mailing Address 24682 MONTE ROYALE

City State Zip Code  
**LAGUNA HILLS CA 92653**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.10

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1144023

Amount of Each Receipt this Period

16.34

**SUBTOTAL** of Receipts This Page (optional) .....

**97.51**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code  
**CLOVIS CA 93611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.27

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077169

Amount of Each Receipt this Period

28.43

Full Name (Last, First, Middle Initial)

**B.** MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code  
**CLOVIS CA 93611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.70

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1143740

Amount of Each Receipt this Period

28.43

Full Name (Last, First, Middle Initial)

**C.** ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code  
**PONTE VEDRA FL 32082**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

717.58

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077148

Amount of Each Receipt this Period

48.47

**SUBTOTAL** of Receipts This Page (optional) .....

105.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ANTON WANDERON  
Mailing Address 112 BRISTOL PLACE

City State Zip Code  
PONTE VEDRA FL 32082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
DIRECTOR CREDIT DEPTMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.05

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143719

Amount of Each Receipt this Period

48.47

**B.** Full Name (Last, First, Middle Initial)  
THOMAS M WARDEN  
Mailing Address 146 LA GRANDE

City State Zip Code  
MOSS BEACH CA 94038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Research Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.55

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077162

Amount of Each Receipt this Period

30.69

**C.** Full Name (Last, First, Middle Initial)  
THOMAS M WARDEN  
Mailing Address 146 LA GRANDE

City State Zip Code  
MOSS BEACH CA 94038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Research Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.24

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143733

Amount of Each Receipt this Period

30.69

**SUBTOTAL** of Receipts This Page (optional) .....

109.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWIN L WASINGER JR  
Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.86

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077340

Amount of Each Receipt this Period

33.09

**B.** Full Name (Last, First, Middle Initial)  
EDWIN L WASINGER JR  
Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143911

Amount of Each Receipt this Period

33.09

**C.** Full Name (Last, First, Middle Initial)  
JOHN A WATSON  
Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code  
Seminole FL 33778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.23

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077443

Amount of Each Receipt this Period

15.37

**SUBTOTAL** of Receipts This Page (optional) .....

81.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN A WATSON

Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code  
 Seminole FL 33778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144014

Amount of Each Receipt this Period

15.37

Full Name (Last, First, Middle Initial)

**B.** DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code  
 GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.77

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077189

Amount of Each Receipt this Period

53.15

Full Name (Last, First, Middle Initial)

**C.** DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code  
 GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143760

Amount of Each Receipt this Period

53.15

**SUBTOTAL** of Receipts This Page (optional) .....

121.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.15

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077420

Amount of Each Receipt this Period

30.43

Full Name (Last, First, Middle Initial)

**B.** JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.58

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143991

Amount of Each Receipt this Period

30.43

Full Name (Last, First, Middle Initial)

**C.** ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code  
 WESTON FL 33327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.66

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077088

Amount of Each Receipt this Period

32.69

**SUBTOTAL** of Receipts This Page (optional) .....

93.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code  
 WESTON FL 33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143660

Amount of Each Receipt this Period

32.69

**B.** Full Name (Last, First, Middle Initial)  
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code  
 LEESBURG VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077408

Amount of Each Receipt this Period

29.58

**C.** Full Name (Last, First, Middle Initial)  
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code  
 LEESBURG VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143979

Amount of Each Receipt this Period

29.58

**SUBTOTAL** of Receipts This Page (optional) .....

91.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA A WHITFIELD

Mailing Address 135 CAMBRIDGE DR.

City State Zip Code  
**AURORA OH 44202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Risk Management Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.10

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077073

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
CYNTHIA A WHITFIELD

Mailing Address 135 CAMBRIDGE DR.

City State Zip Code  
**AURORA OH 44202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Risk Management Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.45

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1143645

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)  
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code  
**CRYSTAL LAKE IL 60012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.70

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077133

Amount of Each Receipt this Period

35.80

**SUBTOTAL** of Receipts This Page (optional) .....

68.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CYNTHIA R WHITLEY  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |  |
| Mailing Address 6722 NEW HAMPSHIRE TRAIL  |                                      | <b>Transaction ID:</b> A2006-1143704                            |  |
| City<br>CRYSTAL LAKE  | State<br>IL                          | Zip Code<br>60012   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>35.80                     |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>CC IT Systems Director |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>528.50   |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ROB WHOLF  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |  |
| Mailing Address 847 INTERLAKEN DRIVE  |                                     | <b>Transaction ID:</b> A2006-1077177                            |  |
| City<br>LAKE ZURICH   | State<br>IL                         | Zip Code<br>60047   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>21.79                     |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Claims Senior Manager |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.06  |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ROB WHOLF  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |  |
| Mailing Address 847 INTERLAKEN DRIVE  |                                     | <b>Transaction ID:</b> A2006-1143748                            |  |
| City<br>LAKE ZURICH   | State<br>IL                         | Zip Code<br>60047   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>21.79                     |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Claims Senior Manager |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>326.85  |   |  |

**SUBTOTAL** of Receipts This Page (optional) .....

79.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.47

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077222

Amount of Each Receipt this Period

30.33

Full Name (Last, First, Middle Initial)

B. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143793

Amount of Each Receipt this Period

30.33

Full Name (Last, First, Middle Initial)

C. ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077437

Amount of Each Receipt this Period

37.23

SUBTOTAL of Receipts This Page (optional) .....

97.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144008

Amount of Each Receipt this Period

44.24

Full Name (Last, First, Middle Initial)

**B.** JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code  
 CLARKSVILLE MD 21029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077256

Amount of Each Receipt this Period

37.35

Full Name (Last, First, Middle Initial)

**C.** JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code  
 CLARKSVILLE MD 21029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143827

Amount of Each Receipt this Period

37.35

**SUBTOTAL** of Receipts This Page (optional) .....

118.94

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 294

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| CHICAGO | IL    | 60614    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2641.17

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077358

Amount of Each Receipt this Period

192.69

Full Name (Last, First, Middle Initial)

**B.** THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| CHICAGO | IL    | 60614    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2833.86

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143929

Amount of Each Receipt this Period

192.69

Full Name (Last, First, Middle Initial)

**C.** KURT L WINTER

Mailing Address 1403 N. WALNUT

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| ARLINGTON HGHTS | IL    | 60004    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.57

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077479

Amount of Each Receipt this Period

15.18

**SUBTOTAL** of Receipts This Page (optional) .....

400.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KURT L WINTER  
Mailing Address 1403 N. WALNUT

City State Zip Code  
ARLINGTON HGHTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144050

Amount of Each Receipt this Period

15.18

**B.** Full Name (Last, First, Middle Initial)  
BRUCE A WOIKE  
Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.17

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077330

Amount of Each Receipt this Period

19.88

**C.** Full Name (Last, First, Middle Initial)  
BRUCE A WOIKE  
Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.05

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143901

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

54.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RHONDA WOODARD  
Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.94

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077429

Amount of Each Receipt this Period

34.21

**B.** Full Name (Last, First, Middle Initial)  
RHONDA WOODARD  
Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.15

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1144000

Amount of Each Receipt this Period

34.21

**C.** Full Name (Last, First, Middle Initial)  
DAVID E WOOLWINE  
Mailing Address 1608 W. ROSEHILL DR

City State Zip Code  
CHICAGO IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.35

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143692

Amount of Each Receipt this Period

13.98

**SUBTOTAL** of Receipts This Page (optional) .....

82.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
COURTNEY M WRIGHT

Mailing Address 1221 GRAND VIEW DRIVE

City State Zip Code  
 MABLETON GA 30126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.68

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077139

Amount of Each Receipt this Period

15.22

**B.** Full Name (Last, First, Middle Initial)  
COURTNEY M WRIGHT

Mailing Address 1221 GRAND VIEW DRIVE

City State Zip Code  
 MABLETON GA 30126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143710

Amount of Each Receipt this Period

15.22

**C.** Full Name (Last, First, Middle Initial)  
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code  
 MT PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077227

Amount of Each Receipt this Period

33.35

**SUBTOTAL** of Receipts This Page (optional) .....

63.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DONALD F WYATT JR  
Mailing Address 811 DRESSER DR.

City State Zip Code  
MT PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.80

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143798

Amount of Each Receipt this Period

33.35

**B.** Full Name (Last, First, Middle Initial)  
FLOYD M YAGER  
Mailing Address 1610 BIRCH LANE

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.45

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077293

Amount of Each Receipt this Period

45.25

**C.** Full Name (Last, First, Middle Initial)  
FLOYD M YAGER  
Mailing Address 1610 BIRCH LANE

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.70

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143864

Amount of Each Receipt this Period

45.25

**SUBTOTAL** of Receipts This Page (optional) .....

123.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LORI J YELVINGTON  
Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.68

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077301

Amount of Each Receipt this Period

43.86

**B.** Full Name (Last, First, Middle Initial)  
LORI J YELVINGTON  
Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.54

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143872

Amount of Each Receipt this Period

43.86

**C.** Full Name (Last, First, Middle Initial)  
RICHARD P YOCIUS  
Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077229

Amount of Each Receipt this Period

39.76

**SUBTOTAL** of Receipts This Page (optional) .....

127.48

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RICHARD P YOCIUS  
 Mailing Address 40135 N GOLDENROD

City State Zip Code  
 WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143800

Amount of Each Receipt this Period

39.76

**B.** Full Name (Last, First, Middle Initial)  
 JAMES E YOUNG  
 Mailing Address 1212 N. WELLS ST.

City State Zip Code  
 CHICAGO IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077115

Amount of Each Receipt this Period

16.85

**C.** Full Name (Last, First, Middle Initial)  
 PHILLIP C YOUNG  
 Mailing Address 2181 APPLE HILL LANE

City State Zip Code  
 BUFFALO GROVE IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Director of Flight Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.71

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077261

Amount of Each Receipt this Period

17.39

**SUBTOTAL** of Receipts This Page (optional) .....

74.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES E YOUNG

Mailing Address 1212 N. WELLS ST.

City State Zip Code  
 CHICAGO IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.07

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143687

Amount of Each Receipt this Period

16.85

Full Name (Last, First, Middle Initial)

**B.** PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code  
 BUFFALO GROVE IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director of Flight Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.10

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143832

Amount of Each Receipt this Period

17.39

Full Name (Last, First, Middle Initial)

**C.** RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077376

Amount of Each Receipt this Period

62.87

**SUBTOTAL** of Receipts This Page (optional) .....

97.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.24

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143947

Amount of Each Receipt this Period

62.87

**B.** Full Name (Last, First, Middle Initial)

ROBERT F ZEMBRASKI JR

Mailing Address 1113 W WRIGHTWOOD # 1E

City State Zip Code  
 CHICAGO IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Consultant-M2600

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.61

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077031

Amount of Each Receipt this Period

14.94

**C.** Full Name (Last, First, Middle Initial)

ROBERT F ZEMBRASKI JR

Mailing Address 1113 W WRIGHTWOOD # 1E

City State Zip Code  
 CHICAGO IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Consultant-M2600

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143603

Amount of Each Receipt this Period

14.94

**SUBTOTAL** of Receipts This Page (optional) .....

92.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>PAUL K ZIGTERMAN   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 236 SOUTH RIVERSIDE DRIVE   |   | <b>Transaction ID:</b> A2006-1077346                            |
| City State Zip Code<br>VILLA PARK IL 60181  | Amount of Each Receipt this Period<br>18.22 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Home Office Counsel           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>252.03          |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>PAUL K ZIGTERMAN   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 236 SOUTH RIVERSIDE DRIVE   |   | <b>Transaction ID:</b> A2006-1143917                            |
| City State Zip Code<br>VILLA PARK IL 60181  | Amount of Each Receipt this Period<br>18.22 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Home Office Counsel           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.25          |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JAMES P ZILS   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 832 PADDOCK LANE  |   | <b>Transaction ID:</b> A2006-1077409                            |
| City State Zip Code<br>LIBERTYVILLE IL 60048  | Amount of Each Receipt this Period<br>36.34 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>VP Investment Operations      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>498.68          |   |

**SUBTOTAL** of Receipts This Page (optional) .....

72.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES P ZILS

Mailing Address 832 PADDOCK LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143980

Amount of Each Receipt this Period

36.34

Full Name (Last, First, Middle Initial)

**B.** GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
 AURORA IL 60502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077366

Amount of Each Receipt this Period

34.50

Full Name (Last, First, Middle Initial)

**C.** GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
 AURORA IL 60502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143937

Amount of Each Receipt this Period

34.50

**SUBTOTAL** of Receipts This Page (optional) .....

105.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. J K ZUZH

Mailing Address 1125 ACORN TRAIL

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP HR People Planning &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.89

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077426

Amount of Each Receipt this Period

33.78

Full Name (Last, First, Middle Initial)

B. J K ZUZH

Mailing Address 1125 ACORN TRAIL

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP HR People Planning &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.67

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143997

Amount of Each Receipt this Period

33.78

Full Name (Last, First, Middle Initial)

C. TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code  
 GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077430

Amount of Each Receipt this Period

28.40

SUBTOTAL of Receipts This Page (optional) .....

95.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code  
 GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144001

Amount of Each Receipt this Period

28.40

Full Name (Last, First, Middle Initial)

**B.** WILLIAM F DULIN

Mailing Address 1301 NORMANDY CT

City State Zip Code  
 SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Education and Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077140

Amount of Each Receipt this Period

14.70

Full Name (Last, First, Middle Initial)

**C.** WILLIAM F DULIN

Mailing Address 1301 NORMANDY CT

City State Zip Code  
 SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Education and Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143711

Amount of Each Receipt this Period

14.70

**SUBTOTAL** of Receipts This Page (optional) .....

57.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LAURA DUNNE  
Mailing Address 1810 BALMORAL AVE

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Strategy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.07

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077303

Amount of Each Receipt this Period

20.93

**B.** Full Name (Last, First, Middle Initial)  
LAURA DUNNE  
Mailing Address 1810 BALMORAL AVE

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Strategy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143874

Amount of Each Receipt this Period

20.93

**C.** Full Name (Last, First, Middle Initial)  
DANIEL P DURBIN  
Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.32

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077324

Amount of Each Receipt this Period

26.63

**SUBTOTAL** of Receipts This Page (optional) .....

68.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code  
 ARLINGTON HTS. IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143895

Amount of Each Receipt this Period

26.63

**B.** Full Name (Last, First, Middle Initial)  
JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code  
 Chicago IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077079

Amount of Each Receipt this Period

41.35

**C.** Full Name (Last, First, Middle Initial)  
JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code  
 Chicago IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143651

Amount of Each Receipt this Period

41.35

**SUBTOTAL** of Receipts This Page (optional) .....

109.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
NINA B EIDELL  
Mailing Address 25 E. Superior # 11B

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.39

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077028

Amount of Each Receipt this Period

61.06

**B.** Full Name (Last, First, Middle Initial)  
NINA B EIDELL  
Mailing Address 25 E. Superior # 11B

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

899.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143600

Amount of Each Receipt this Period

61.06

**C.** Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE  
Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.52

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077060

Amount of Each Receipt this Period

58.25

**SUBTOTAL** of Receipts This Page (optional) .....

180.37

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 PHILIP L EMMANUELE  
 Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.77

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143632

Amount of Each Receipt this Period

58.25

**B.** Full Name (Last, First, Middle Initial)  
 KATHLEEN N ENRIGHT  
 Mailing Address 10323 TRUMBULL AVE

City State Zip Code  
 CHICAGO IL 60655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.49

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077332

Amount of Each Receipt this Period

33.61

**C.** Full Name (Last, First, Middle Initial)  
 KATHLEEN N ENRIGHT  
 Mailing Address 10323 TRUMBULL AVE

City State Zip Code  
 CHICAGO IL 60655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143903

Amount of Each Receipt this Period

33.61

**SUBTOTAL** of Receipts This Page (optional) .....

125.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code  
 INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.03

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077040

Amount of Each Receipt this Period

48.44

Full Name (Last, First, Middle Initial)

**B.** MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code  
 INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143612

Amount of Each Receipt this Period

48.44

Full Name (Last, First, Middle Initial)

**C.** RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code  
 WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.17

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077258

Amount of Each Receipt this Period

29.83

**SUBTOTAL** of Receipts This Page (optional) .....

126.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RICHARD B ESPINOZA  
 Mailing Address 673 HASTINGS ROAD

City State Zip Code  
 WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143829

Amount of Each Receipt this Period

29.83

**B.** Full Name (Last, First, Middle Initial)  
 THOMAS W EVANS  
 Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077075

Amount of Each Receipt this Period

40.47

**C.** Full Name (Last, First, Middle Initial)  
 THOMAS W EVANS  
 Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143647

Amount of Each Receipt this Period

40.47

**SUBTOTAL** of Receipts This Page (optional) .....

110.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DOROTHY EVEN  
Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code  
RIVER FOREST IL 60305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.11

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077232

Amount of Each Receipt this Period

78.81

**B.** Full Name (Last, First, Middle Initial)  
DOROTHY EVEN  
Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code  
RIVER FOREST IL 60305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1161.92

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143803

Amount of Each Receipt this Period

78.81

**C.** Full Name (Last, First, Middle Initial)  
LAURA A FABREGUE  
Mailing Address 1000 HAMAN WAY

City State Zip Code  
ROSEVILLE CA 95678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.91

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077096

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

186.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LAURA A FABREGUE  
Mailing Address 1000 HAMAN WAY

City State Zip Code  
ROSEVILLE CA 95678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.34

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143668

Amount of Each Receipt this Period

28.43

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN L FABYAN  
Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code  
KILDEER IL 60049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.46

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077378

Amount of Each Receipt this Period

36.39

**C.** Full Name (Last, First, Middle Initial)  
KATHRYN L FABYAN  
Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code  
KILDEER IL 60049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.85

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143949

Amount of Each Receipt this Period

36.39

**SUBTOTAL** of Receipts This Page (optional) .....

101.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
GORDON S FALKNOR  
Mailing Address 703 E CHERRY LN

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.95

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077255

Amount of Each Receipt this Period

44.35

**B.** Full Name (Last, First, Middle Initial)  
GORDON S FALKNOR  
Mailing Address 703 E CHERRY LN

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.30

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143826

Amount of Each Receipt this Period

44.35

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN A FILIPOVIC  
Mailing Address 918 JUNIPER ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.56

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077354

Amount of Each Receipt this Period

24.74

**SUBTOTAL** of Receipts This Page (optional) .....

113.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CAROLYN A FILIPOVIC  
Mailing Address 918 JUNIPER ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.30

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143925

Amount of Each Receipt this Period

24.74

**B.** Full Name (Last, First, Middle Initial)  
STEVEN FINE  
Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code  
ANTIOCH IL 60002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.86

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077082

Amount of Each Receipt this Period

23.91

**C.** Full Name (Last, First, Middle Initial)  
STEVEN FINE  
Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code  
ANTIOCH IL 60002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.77

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143654

Amount of Each Receipt this Period

23.91

**SUBTOTAL** of Receipts This Page (optional) .....

72.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DARYLL D FLETCHER  
Mailing Address 22256 W MASHI CT

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.22

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077224

Amount of Each Receipt this Period

26.87

**B.** Full Name (Last, First, Middle Initial)  
DARYLL D FLETCHER  
Mailing Address 22256 W MASHI CT

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.09

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143795

Amount of Each Receipt this Period

26.87

**C.** Full Name (Last, First, Middle Initial)  
BARBARA J FLOWERS  
Mailing Address 1105 W CAMPBELL ST

City State Zip Code  
ARLINGTON HTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Personal Lines Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.73

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077180

Amount of Each Receipt this Period

16.42

**SUBTOTAL** of Receipts This Page (optional) .....

70.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** BARBARA J FLOWERS

Mailing Address 1105 W CAMPBELL ST

City State Zip Code  
 ARLINGTON HTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Personal Lines Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143751

Amount of Each Receipt this Period

16.42

Full Name (Last, First, Middle Initial)

**B.** KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.89

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077250

Amount of Each Receipt this Period

35.65

Full Name (Last, First, Middle Initial)

**C.** KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143821

Amount of Each Receipt this Period

35.65

**SUBTOTAL** of Receipts This Page (optional) .....

87.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.47

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077413

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

**B.** ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143984

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

**C.** DAWN H FRASE

Mailing Address 24076 N. SHAGBARK

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.01

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077317

Amount of Each Receipt this Period

17.89

**SUBTOTAL** of Receipts This Page (optional) .....

47.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAWN H FRASE  
Mailing Address 24076 N. SHAGBARK

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143888

Amount of Each Receipt this Period

17.89

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA W FRIDLEY  
Mailing Address 945 Shermer Road

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077171

Amount of Each Receipt this Period

72.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA W FRIDLEY  
Mailing Address 945 Shermer Road

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143742

Amount of Each Receipt this Period

72.00

**SUBTOTAL** of Receipts This Page (optional) .....

161.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

KARL A FRIEDMAN

Mailing Address 333 DUNLEER DRIVE

City State Zip Code  
 CARY IL 60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Allstate Financial Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.01

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143842

Amount of Each Receipt this Period

15.68

B. Full Name (Last, First, Middle Initial)

ERIC M FRISVOLD

Mailing Address 1404 SHETLAND DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.55

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143981

Amount of Each Receipt this Period

14.24

C. Full Name (Last, First, Middle Initial)

MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077170

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional) .....

69.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 MATTHEW D FULLER  
 Mailing Address 350 EDGE FIELD LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143741

Amount of Each Receipt this Period

39.77

**B.** Full Name (Last, First, Middle Initial)  
 VINCENT A FUSCO  
 Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code  
 DIX HILLS NY 11746

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077038

Amount of Each Receipt this Period

21.38

**C.** Full Name (Last, First, Middle Initial)  
 ANGELA FUSCO  
 Mailing Address 22255 MASHIE CT

City State Zip Code  
 IVANHOE IL 60060

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077095

Amount of Each Receipt this Period

25.99

SUBTOTAL of Receipts This Page (optional) .....

87.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 112 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
VINCENT A FUSCO  
Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code  
DIX HILLS NY 11746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.76

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143610

Amount of Each Receipt this Period

21.38

**B.** Full Name (Last, First, Middle Initial)  
ANGELA FUSCO  
Mailing Address 22255 MASHIE CT

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.09

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143667

Amount of Each Receipt this Period

25.99

**C.** Full Name (Last, First, Middle Initial)  
DOUGLAS F GAER  
Mailing Address 5610 SOUTH 88th STREET

City State Zip Code  
LINCOLN NE 68526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Nebraska Service Cent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.20

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077416

Amount of Each Receipt this Period

22.30

**SUBTOTAL** of Receipts This Page (optional) .....

69.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 113 / 294  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS F GAER

Mailing Address 5610 SOUTH 88th STREET

City

LINCOLN

State

NE

Zip Code

68526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Nebraska Service Cent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143987

Amount of Each Receipt this Period

22.30

**B.**

Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077100

Amount of Each Receipt this Period

56.49

**C.**

Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143672

Amount of Each Receipt this Period

56.49

**SUBTOTAL** of Receipts This Page (optional) .....

135.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KAREN C GARDNER  
Mailing Address 1434 BAFFIN ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.62

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077414

Amount of Each Receipt this Period

65.75

**B.** Full Name (Last, First, Middle Initial)  
KAREN C GARDNER  
Mailing Address 1434 BAFFIN ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.37

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143985

Amount of Each Receipt this Period

65.75

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH E GARNETT  
Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.78

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077044

Amount of Each Receipt this Period

18.42

**SUBTOTAL** of Receipts This Page (optional) .....

149.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143616

Amount of Each Receipt this Period

18.42

Full Name (Last, First, Middle Initial)

**B.** LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code  
 ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077259

Amount of Each Receipt this Period

34.85

Full Name (Last, First, Middle Initial)

**C.** LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code  
 ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143830

Amount of Each Receipt this Period

34.85

**SUBTOTAL** of Receipts This Page (optional) .....

88.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

NICK GEORGAKOPOULOS

Mailing Address 1846 N. HALSTED ST. #2

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance & Planning Senior

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.05

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143853

Amount of Each Receipt this Period

14.41

**B.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.39

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077415

Amount of Each Receipt this Period

29.45

**C.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143986

Amount of Each Receipt this Period

29.45

**SUBTOTAL** of Receipts This Page (optional) .....

73.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077041

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

**B.** JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143613

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

**C.** DEBORAH C GIVENS

Mailing Address 4370 MILNER ROAD WEST

City State Zip Code  
 BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077385

Amount of Each Receipt this Period

41.50

**SUBTOTAL** of Receipts This Page (optional) .....

121.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** DEBORAH C GIVENS

Mailing Address 4370 MILNER ROAD WEST

City State Zip Code  
 BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143956

Amount of Each Receipt this Period

41.50

Full Name (Last, First, Middle Initial)

**B.** MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077297

Amount of Each Receipt this Period

68.34

Full Name (Last, First, Middle Initial)

**C.** MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1009.07

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143868

Amount of Each Receipt this Period

68.34

**SUBTOTAL** of Receipts This Page (optional) .....

178.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 119 / 294

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J GLOD  
Mailing Address 1016 N. DERBYSHIRE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.35

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077231

Amount of Each Receipt this Period

18.35

**B.** Full Name (Last, First, Middle Initial)  
ROBERT J GLOD  
Mailing Address 1016 N. DERBYSHIRE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.70

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143802

Amount of Each Receipt this Period

18.35

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM T GOFF  
Mailing Address 124 FLEETS COVE ROAD

City State Zip Code  
HUNTINGTON NY 11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.89

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077042

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

53.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| HUNTINGTON | NY    | 11743    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.24

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143614

Amount of Each Receipt this Period

16.35

**B.**

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| LIBERTYVILLE | IL    | 60048    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.15

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077154

Amount of Each Receipt this Period

25.98

**C.**

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| LIBERTYVILLE | IL    | 60048    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.13

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143725

Amount of Each Receipt this Period

25.98

SUBTOTAL of Receipts This Page (optional) .....

68.31

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BRUCE R GOLDBERG  
Mailing Address 10 MULBERRY LN

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.15

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077216

Amount of Each Receipt this Period

19.88

**B.** Full Name (Last, First, Middle Initial)  
BRUCE R GOLDBERG  
Mailing Address 10 MULBERRY LN

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.03

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143787

Amount of Each Receipt this Period

19.88

**C.** Full Name (Last, First, Middle Initial)  
ANN A GOULD  
Mailing Address 4071 NEWPORT LANE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.28

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077472

Amount of Each Receipt this Period

30.47

**SUBTOTAL** of Receipts This Page (optional) .....

70.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City State Zip Code  
 ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144043

Amount of Each Receipt this Period

30.47

Full Name (Last, First, Middle Initial)

**B.** KEVIN P GOW

Mailing Address 4 HAMPTON LANE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP AGENCY & CUSTOMER SUPP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.93

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077024

Amount of Each Receipt this Period

25.35

Full Name (Last, First, Middle Initial)

**C.** KEVIN P GOW

Mailing Address 4 HAMPTON LANE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP AGENCY & CUSTOMER SUPP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143596

Amount of Each Receipt this Period

25.35

**SUBTOTAL** of Receipts This Page (optional) .....

81.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code  
 ODESSA FL 33556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077151

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**B.** GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code  
 ODESSA FL 33556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143722

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**C.** PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Data Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077391

Amount of Each Receipt this Period

24.24

**SUBTOTAL** of Receipts This Page (optional) .....

64.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Data Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.10

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143962

Amount of Each Receipt this Period

24.24

**B.** Full Name (Last, First, Middle Initial)  
JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City State Zip Code  
OAK PARK IL 60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.17

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077175

Amount of Each Receipt this Period

37.96

**C.** Full Name (Last, First, Middle Initial)  
JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City State Zip Code  
OAK PARK IL 60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.13

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143746

Amount of Each Receipt this Period

37.96

**SUBTOTAL** of Receipts This Page (optional) .....

100.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 MARK A GRELLA  
 Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code  
 WEST CHESTER PA 19380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077071

Amount of Each Receipt this Period

46.28

**B.** Full Name (Last, First, Middle Initial)  
 MARK A GRELLA  
 Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code  
 WEST CHESTER PA 19380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.98

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143643

Amount of Each Receipt this Period

46.28

**C.** Full Name (Last, First, Middle Initial)  
 MARYLIN H GROOM  
 Mailing Address 170 ASPINWALL STREET

City State Zip Code  
 WESTBURY NY 11590

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143634

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

108.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>GREGORY J GUIDOS<br>Mailing Address 804 QUEENS HARBOR BLVD<br>City State Zip Code<br>JACKSONVILLE FL 32225<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>AVP Finance AFW<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>286.23 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1077353<br>Amount of Each Receipt this Period<br>21.04 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>GREGORY J GUIDOS<br>Mailing Address 804 QUEENS HARBOR BLVD<br>City State Zip Code<br>JACKSONVILLE FL 32225<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>AVP Finance AFW<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>307.27 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1143924<br>Amount of Each Receipt this Period<br>21.04 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOHN F HAAS<br>Mailing Address 6509 E. BETTY ELYSE LANE<br>City State Zip Code<br>SCOTTSDALE AZ 85254<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Home Office Counsel<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>249.15  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1077445<br>Amount of Each Receipt this Period<br>18.00 |

**SUBTOTAL** of Receipts This Page (optional) .....

60.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code  
 SCOTTSDALE AZ 85254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144016

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**B.** KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code  
 CASTLE ROCK CO 80108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.16

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077468

Amount of Each Receipt this Period

26.04

Full Name (Last, First, Middle Initial)

**C.** KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code  
 CASTLE ROCK CO 80108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144039

Amount of Each Receipt this Period

26.04

**SUBTOTAL** of Receipts This Page (optional) .....

70.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JAMES W HAIDU  
Mailing Address 3 South Wynstone

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.43

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077307

Amount of Each Receipt this Period

50.61

**B.** Full Name (Last, First, Middle Initial)  
JAMES W HAIDU  
Mailing Address 3 South Wynstone

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.04

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143878

Amount of Each Receipt this Period

50.61

**C.** Full Name (Last, First, Middle Initial)  
ROBERT F HAIR  
Mailing Address 17 NORTH TRAIL

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.39

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077473

Amount of Each Receipt this Period

24.96

**SUBTOTAL** of Receipts This Page (optional) .....

126.18

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROBERT F HAIR  
 Mailing Address 17 NORTH TRAIL

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144044

Amount of Each Receipt this Period

24.96

**B.** Full Name (Last, First, Middle Initial)  
 DANNY L HALE  
 Mailing Address 1071 OLMSTED DRIVE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP Chf Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1860.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077377

Amount of Each Receipt this Period

135.46

**C.** Full Name (Last, First, Middle Initial)  
 DANNY L HALE  
 Mailing Address 1071 OLMSTED DRIVE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP Chf Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1996.41

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143948

Amount of Each Receipt this Period

135.46

**SUBTOTAL** of Receipts This Page (optional) .....

295.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.66

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077331

Amount of Each Receipt this Period

17.19

Full Name (Last, First, Middle Initial)

**B.** ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143902

Amount of Each Receipt this Period

17.19

Full Name (Last, First, Middle Initial)

**C.** RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.61

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077424

Amount of Each Receipt this Period

29.74

**SUBTOTAL** of Receipts This Page (optional) .....

64.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 131 / 294

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RANDALL M HANSON  
 Mailing Address 840 ALLEGHANY

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143995

Amount of Each Receipt this Period

29.74

**B.** Full Name (Last, First, Middle Initial)  
 HERBERT L HARRIS  
 Mailing Address 1812 SOUTHVIEW CIRCLE

City State Zip Code  
 BIRMINGHAM AL 35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.27

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077386

Amount of Each Receipt this Period

28.43

**C.** Full Name (Last, First, Middle Initial)  
 HERBERT L HARRIS  
 Mailing Address 1812 SOUTHVIEW CIRCLE

City State Zip Code  
 BIRMINGHAM AL 35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143957

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

86.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 132 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL L HARRISON  
Mailing Address 1141 WINNERS CIRCLE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1851.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077478

Amount of Each Receipt this Period

132.55

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL L HARRISON  
Mailing Address 1141 WINNERS CIRCLE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1144049

Amount of Each Receipt this Period

132.55

**C.** Full Name (Last, First, Middle Initial)  
FREDRICH A HATCH  
Mailing Address 8313 STRATHMORE LANE

City State Zip Code  
ROANOKE VA 24019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077442

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

281.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

FREDRICH A HATCH

Mailing Address 8313 STRATHMORE LANE

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| ROANOKE | VA    | 24019    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1144013

Amount of Each Receipt this Period

16.35

**B.**

Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| ROSELLE | IL    | 60172    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.36

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077168

Amount of Each Receipt this Period

15.08

**C.**

Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| ROSELLE | IL    | 60172    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.44

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143739

Amount of Each Receipt this Period

15.08

SUBTOTAL of Receipts This Page (optional) .....

46.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City State Zip Code  
Ingleside IL 60041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.93

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077166

Amount of Each Receipt this Period

62.70

**B.** Full Name (Last, First, Middle Initial)  
DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City State Zip Code  
Ingleside IL 60041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.63

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143737

Amount of Each Receipt this Period

62.70

**C.** Full Name (Last, First, Middle Initial)  
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.99

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077197

Amount of Each Receipt this Period

23.23

**SUBTOTAL** of Receipts This Page (optional) .....

148.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code  
 LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143768

Amount of Each Receipt this Period

23.23

**B.** Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code  
 MARIETTA GA 30062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.73

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077382

Amount of Each Receipt this Period

28.42

**C.** Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code  
 MARIETTA GA 30062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143953

Amount of Each Receipt this Period

28.42

**SUBTOTAL** of Receipts This Page (optional) .....

80.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM G HILL  
Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.18

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077123

Amount of Each Receipt this Period

77.28

**B.** Full Name (Last, First, Middle Initial)  
EDDIE H HILL  
Mailing Address 701 GOODLAND AVE.

City State Zip Code  
ROANOKE VA 24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.10

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143685

Amount of Each Receipt this Period

13.76

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM G HILL  
Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.46

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143695

Amount of Each Receipt this Period

77.28

**SUBTOTAL** of Receipts This Page (optional) .....

168.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.65

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077287

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B.** SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.65

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143858

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C.** MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City State Zip Code  
 HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.44

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077128

Amount of Each Receipt this Period

22.46

**SUBTOTAL** of Receipts This Page (optional) .....

52.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MERRILD A HOOVER  
Mailing Address 49 DORAL STREET

City State Zip Code  
HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143699

Amount of Each Receipt this Period

22.46

**B.** Full Name (Last, First, Middle Initial)  
MARY L HUBER  
Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.77

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077374

Amount of Each Receipt this Period

19.88

**C.** Full Name (Last, First, Middle Initial)  
MARY L HUBER  
Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143945

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

62.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code  
**JACKSONVILLE FL 32259**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.80

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1143676

Amount of Each Receipt this Period

14.08

Full Name (Last, First, Middle Initial)

**B.** STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
**KILDEER IL 60047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.57

Date of Receipt

M M / D D / Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077284

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

**C.** STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
**KILDEER IL 60047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.34

Date of Receipt

M M / D D / Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1143855

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

**93.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KENNETH A IRVIN  
Mailing Address 6352 CRAGIE HILL CT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077101

Amount of Each Receipt this Period

15.50

**B.** Full Name (Last, First, Middle Initial)  
KENNETH A IRVIN  
Mailing Address 6352 CRAGIE HILL CT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143673

Amount of Each Receipt this Period

15.50

**C.** Full Name (Last, First, Middle Initial)  
LYNNE A IVERSON  
Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.38

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077242

Amount of Each Receipt this Period

26.27

**SUBTOTAL** of Receipts This Page (optional) .....

57.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 141 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LYNNE A IVERSON  
Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143813

Amount of Each Receipt this Period

26.27

**B.** Full Name (Last, First, Middle Initial)  
BOB A JACKSON  
Mailing Address 226 Maison Court

City State Zip Code  
Altamonte Springs FL 32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077433

Amount of Each Receipt this Period

19.88

**C.** Full Name (Last, First, Middle Initial)  
BOB A JACKSON  
Mailing Address 226 Maison Court

City State Zip Code  
Altamonte Springs FL 32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144004

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

66.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.03

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077210

Amount of Each Receipt this Period

30.52

Full Name (Last, First, Middle Initial)

**B.** JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143781

Amount of Each Receipt this Period

30.52

Full Name (Last, First, Middle Initial)

**C.** LARRY D JOHNSON

Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077191

Amount of Each Receipt this Period

51.96

**SUBTOTAL** of Receipts This Page (optional) .....

113.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LARRY D JOHNSON

Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.26

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143762

Amount of Each Receipt this Period

51.96

**B.** Full Name (Last, First, Middle Initial)  
RONALD JOHNSON

Mailing Address 1726 R.F.D

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Force Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.14

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143999

Amount of Each Receipt this Period

14.39

**C.** Full Name (Last, First, Middle Initial)  
LEWIS L JONES

Mailing Address P.O. BOX 498

City State Zip Code  
 WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077126

Amount of Each Receipt this Period

15.57

**SUBTOTAL** of Receipts This Page (optional) .....

81.92

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

LEWIS L JONES

Mailing Address P.O. BOX 498

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| WADSWORTH | IL    | 60083    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.49

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143698

Amount of Each Receipt this Period

15.57

**B.** Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| CHICAGO | IL    | 60646    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.53

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077272

Amount of Each Receipt this Period

39.77

**C.** Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| CHICAGO | IL    | 60646    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143843

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

95.11

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN A KANE

Mailing Address 1 LONGLEY PLACE

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| HUNTINGTON STA | NY    | 11746    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077046

Amount of Each Receipt this Period

16.31

Full Name (Last, First, Middle Initial)

**B.** JOHN A KANE

Mailing Address 1 LONGLEY PLACE

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| HUNTINGTON STA | NY    | 11746    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.65

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143618

Amount of Each Receipt this Period

16.31

Full Name (Last, First, Middle Initial)

**C.** TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| GRAYSLAKE | IL    | 60030    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance CompanyOccupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.60

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143934

Amount of Each Receipt this Period

14.47

SUBTOTAL of Receipts This Page (optional) .....

47.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City State Zip Code  
**PARKER CO 80134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.74

Date of Receipt

M M / D D / Y Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077438

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**B.** JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City State Zip Code  
**PARKER CO 80134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1109.38

Date of Receipt

M M / D D / Y Y Y Y Y  
**07 21 2006**

Transaction ID: A2006-1144009

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**C.** MARY KEITH

Mailing Address 2309 RFD

City State Zip Code  
**LONG GROVE IL 60047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**07 07 2006**

Transaction ID: A2006-1077467

Amount of Each Receipt this Period

16.60

**SUBTOTAL** of Receipts This Page (optional) .....

**165.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

MARY KEITH

Mailing Address 2309 RFD

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144038

Amount of Each Receipt this Period

16.60

B. Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code  
 PALATINE IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.96

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077281

Amount of Each Receipt this Period

78.13

C. Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code  
 PALATINE IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1158.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143852

Amount of Each Receipt this Period

78.13

SUBTOTAL of Receipts This Page (optional) .....

172.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 148 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID E KENNEY  
Mailing Address 622 SEDGWICK DR.

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.72

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077308

Amount of Each Receipt this Period

19.43

**B.** Full Name (Last, First, Middle Initial)  
DAVID E KENNEY  
Mailing Address 622 SEDGWICK DR.

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.15

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143879

Amount of Each Receipt this Period

19.43

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH A KENNY  
Mailing Address 194 PEREGRINE LANE

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Actuary and Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.06

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077262

Amount of Each Receipt this Period

14.29

**SUBTOTAL** of Receipts This Page (optional) .....

53.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOSEPH A KENNY

Mailing Address 194 PEREGRINE LANE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Actuary and Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143833

Amount of Each Receipt this Period

14.29

Full Name (Last, First, Middle Initial)

**B.** CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
 RIVERWOODS IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.39

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077025

Amount of Each Receipt this Period

39.76

Full Name (Last, First, Middle Initial)

**C.** CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
 RIVERWOODS IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143597

Amount of Each Receipt this Period

39.76

**SUBTOTAL** of Receipts This Page (optional) .....

93.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.06

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077213

Amount of Each Receipt this Period

35.14

**B.** Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.20

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143784

Amount of Each Receipt this Period

35.14

**C.** Full Name (Last, First, Middle Initial)  
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code  
Tower Lakes IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.85

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077266

Amount of Each Receipt this Period

24.01

**SUBTOTAL** of Receipts This Page (optional) .....

94.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code  
 Tower Lakes IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143837

Amount of Each Receipt this Period

24.01

**B.** Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.93

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077110

Amount of Each Receipt this Period

16.67

**C.** Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.93

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143682

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 152 / 294

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code  
 GLEN ELLYN IL 60137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077336

Amount of Each Receipt this Period

34.45

Full Name (Last, First, Middle Initial)

**B.** JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code  
 GLEN ELLYN IL 60137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.95

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143907

Amount of Each Receipt this Period

34.45

Full Name (Last, First, Middle Initial)

**C.** LAURA S KISTNER

Mailing Address 22047 W. PETOSKEY CT

City State Zip Code  
 PLAINFIELD IL 60544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.66

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077398

Amount of Each Receipt this Period

15.69

**SUBTOTAL** of Receipts This Page (optional) .....

84.59

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LAURA S KISTNER  
Mailing Address 22047 W. PETOSKEY CT

City State Zip Code  
PLAINFIELD IL 60544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.35

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143969

Amount of Each Receipt this Period

15.69

**B.** Full Name (Last, First, Middle Initial)  
KEITH A KNAPP  
Mailing Address 175 Macarthur Dr

City State Zip Code  
Willowbrook IL 60527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director DSN & CONST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.74

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077182

Amount of Each Receipt this Period

17.06

**C.** Full Name (Last, First, Middle Initial)  
KEITH A KNAPP  
Mailing Address 175 Macarthur Dr

City State Zip Code  
Willowbrook IL 60527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director DSN & CONST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.80

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143753

Amount of Each Receipt this Period

17.06

**SUBTOTAL** of Receipts This Page (optional) .....

49.81

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 154 / 294  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MARY G KNIPP

Mailing Address 2050 GLENDALE AVENUE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Allstate Financial Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.39

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077202

Amount of Each Receipt this Period

19.66

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.09

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077421

Amount of Each Receipt this Period

26.66

**C.** Full Name (Last, First, Middle Initial)  
MARY G KNIPP

Mailing Address 2050 GLENDALE AVENUE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Allstate Financial Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.05

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143773

Amount of Each Receipt this Period

19.66

SUBTOTAL of Receipts This Page (optional) .....

65.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 294  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143992

Amount of Each Receipt this Period

26.66

Full Name (Last, First, Middle Initial)

**B.** GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077220

Amount of Each Receipt this Period

32.70

Full Name (Last, First, Middle Initial)

**C.** GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143791

Amount of Each Receipt this Period

32.70

**SUBTOTAL** of Receipts This Page (optional) .....

92.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077215

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

B. JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143786

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

C. MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code  
 LAKE BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.32

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077270

Amount of Each Receipt this Period

65.33

SUBTOTAL of Receipts This Page (optional) .....

144.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code  
 LAKE BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.65

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143841

Amount of Each Receipt this Period

65.33

Full Name (Last, First, Middle Initial)

**B.** ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077050

Amount of Each Receipt this Period

42.67

Full Name (Last, First, Middle Initial)

**C.** ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143622

Amount of Each Receipt this Period

42.67

**SUBTOTAL** of Receipts This Page (optional) .....

150.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code  
 CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077190

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**B.** DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code  
 CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143761

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**C.** PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code  
 WINTER PARK FL 32789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077427

Amount of Each Receipt this Period

69.56

**SUBTOTAL** of Receipts This Page (optional) .....

109.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code  
WINTER PARK FL 32789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.26

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143998

Amount of Each Receipt this Period

69.56

**B.** Full Name (Last, First, Middle Initial)  
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.74

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077037

Amount of Each Receipt this Period

55.62

**C.** Full Name (Last, First, Middle Initial)  
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.36

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143609

Amount of Each Receipt this Period

55.62

**SUBTOTAL** of Receipts This Page (optional) .....

180.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHELLE LEE  
Mailing Address 1404 100TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.57

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077475

Amount of Each Receipt this Period

54.04

**B.** Full Name (Last, First, Middle Initial)  
MICHELLE LEE  
Mailing Address 1404 100TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.61

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144046

Amount of Each Receipt this Period

54.04

**C.** Full Name (Last, First, Middle Initial)  
SUSAN L LEES  
Mailing Address 1705 DARTMOUTH LN

City State Zip Code  
DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.31

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077023

Amount of Each Receipt this Period

23.27

**SUBTOTAL** of Receipts This Page (optional) .....

131.35

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code  
 DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143595

Amount of Each Receipt this Period

23.27

Full Name (Last, First, Middle Initial)

**B.** ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.66

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077225

Amount of Each Receipt this Period

32.69

Full Name (Last, First, Middle Initial)

**C.** ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143796

Amount of Each Receipt this Period

32.69

**SUBTOTAL** of Receipts This Page (optional) .....

88.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code  
 ACWORTH GA 30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077292

Amount of Each Receipt this Period

20.85

**B.** Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code  
 ACWORTH GA 30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143863

Amount of Each Receipt this Period

20.85

**C.** Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.26

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077448

Amount of Each Receipt this Period

16.69

**SUBTOTAL** of Receipts This Page (optional) .....

58.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.95

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144019

Amount of Each Receipt this Period

16.69

**B.**

Full Name (Last, First, Middle Initial)

TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Direct Response

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.38

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077247

Amount of Each Receipt this Period

21.27

**C.**

Full Name (Last, First, Middle Initial)

TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Direct Response

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143818

Amount of Each Receipt this Period

21.27

**SUBTOTAL** of Receipts This Page (optional) .....

59.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.13

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077280

Amount of Each Receipt this Period

27.02

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143851

Amount of Each Receipt this Period

27.02

**C.**

Full Name (Last, First, Middle Initial)

RICHARD E LOTT

Mailing Address 4666 SW HAMMOCK CREEK DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077150

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional) .....

70.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RICHARD E LOTT

Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code  
PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143721

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.20

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077361

Amount of Each Receipt this Period

35.40

**C.** Full Name (Last, First, Middle Initial)  
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.60

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143932

Amount of Each Receipt this Period

35.40

**SUBTOTAL** of Receipts This Page (optional) .....

87.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 166 / 294

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST.

City State Zip Code  
 CHICAGO IL 60604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077321

Amount of Each Receipt this Period

29.40

**B.** Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST.

City State Zip Code  
 CHICAGO IL 60604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143892

Amount of Each Receipt this Period

29.40

**C.** Full Name (Last, First, Middle Initial)

DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
 CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.19

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077373

Amount of Each Receipt this Period

22.96

**SUBTOTAL** of Receipts This Page (optional) .....

81.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DANIEL J MACDONALD  
Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.15

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143944

Amount of Each Receipt this Period

22.96

**B.** Full Name (Last, First, Middle Initial)  
MORRIS A MADURO  
Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.63

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077049

Amount of Each Receipt this Period

36.22

**C.** Full Name (Last, First, Middle Initial)  
MORRIS A MADURO  
Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.85

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143621

Amount of Each Receipt this Period

36.22

**SUBTOTAL** of Receipts This Page (optional) .....

95.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Education and Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.15

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077356

Amount of Each Receipt this Period

18.35

**B.** Full Name (Last, First, Middle Initial)  
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Education and Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143927

Amount of Each Receipt this Period

18.35

**C.** Full Name (Last, First, Middle Initial)  
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code  
Ivanhoe IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077375

Amount of Each Receipt this Period

45.38

**SUBTOTAL** of Receipts This Page (optional) .....

82.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code  
 Ivanhoe IL 60060

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.08

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143946

Amount of Each Receipt this Period

45.38

B. Full Name (Last, First, Middle Initial)

KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.97

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077230

Amount of Each Receipt this Period

17.38

C. Full Name (Last, First, Middle Initial)

KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143801

Amount of Each Receipt this Period

17.38

SUBTOTAL of Receipts This Page (optional) .....

80.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code  
 LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077322

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**B.** JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code  
 LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.13

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143893

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

**C.** W. D Mays

Mailing Address 256 Post Oak Drive

City State Zip Code  
 Roanoke VA 24019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077122

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

56.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** W. D Mays

Mailing Address 256 Post Oak Drive

City State Zip Code  
 Roanoke VA 24019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143694

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B.** MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City State Zip Code  
 N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1554.07

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077440

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)

**C.** MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City State Zip Code  
 N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1669.46

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144011

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional) .....

247.13

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GERARD F MC DERMOTT

Mailing Address 5378 BLACK BEAR LANE

City

ROANOKE

State

VA

Zip Code

24014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Operations Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.66

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077036

Amount of Each Receipt this Period

29.63

**B.**

Full Name (Last, First, Middle Initial)

GERARD F MC DERMOTT

Mailing Address 5378 BLACK BEAR LANE

City

ROANOKE

State

VA

Zip Code

24014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Operations Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.29

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143608

Amount of Each Receipt this Period

29.63

**C.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1007.51

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077306

Amount of Each Receipt this Period

72.70

SUBTOTAL of Receipts This Page (optional) .....

131.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MARY J MC GINN  
Mailing Address 155 BUCKLEY ROAD

City State Zip Code  
BARRINGTON HILL IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.21

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143877

Amount of Each Receipt this Period

72.70

**B.** Full Name (Last, First, Middle Initial)  
DAVID A MC HALE  
Mailing Address 8756 MAPLE HOLLOW CT.

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.09

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077248

Amount of Each Receipt this Period

53.02

**C.** Full Name (Last, First, Middle Initial)  
DAVID A MC HALE  
Mailing Address 8756 MAPLE HOLLOW CT.

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.11

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143819

Amount of Each Receipt this Period

53.02

**SUBTOTAL** of Receipts This Page (optional) .....

178.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.04

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077257

Amount of Each Receipt this Period

38.36

Full Name (Last, First, Middle Initial)

**B.** JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.40

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143828

Amount of Each Receipt this Period

38.36

Full Name (Last, First, Middle Initial)

**C.** PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code  
VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.12

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077065

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

96.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code  
VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143637

Amount of Each Receipt this Period

19.88

**B.** Full Name (Last, First, Middle Initial)  
CHARLES V MCCLELLAN

Mailing Address 5561 HILLTOP LN

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.26

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077143

Amount of Each Receipt this Period

15.54

**C.** Full Name (Last, First, Middle Initial)  
BRIAN D MCCLELLAN

Mailing Address 2206 W. LAWRENCE LANE

City State Zip Code  
MT. PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.86

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077302

Amount of Each Receipt this Period

14.74

**SUBTOTAL** of Receipts This Page (optional) .....

50.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CHARLES V MCCLELLAN

Mailing Address 5561 HILLTOP LN

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143714

Amount of Each Receipt this Period

15.54

**B.** Full Name (Last, First, Middle Initial)  
BRIAN D MCCLELLAN

Mailing Address 2206 W. LAWRENCE LANE

City State Zip Code  
MT. PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.60

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143873

Amount of Each Receipt this Period

14.74

**C.** Full Name (Last, First, Middle Initial)  
CHARLTON T MCDONALD

Mailing Address 195 ALPINE DRIVE

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Insurance Reserve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.04

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077205

Amount of Each Receipt this Period

25.29

**SUBTOTAL** of Receipts This Page (optional) .....

55.57

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CHARLTON T MCDONALD  
Mailing Address 195 ALPINE DRIVE

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Insurance Reserve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.33

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143776

Amount of Each Receipt this Period

25.29

**B.** Full Name (Last, First, Middle Initial)  
MARK J MCDONNELL  
Mailing Address 70 MC ECHRON LANE

City State Zip Code  
QUEENSBURY NY 12804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.17

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077086

Amount of Each Receipt this Period

25.03

**C.** Full Name (Last, First, Middle Initial)  
MARK J MCDONNELL  
Mailing Address 70 MC ECHRON LANE

City State Zip Code  
QUEENSBURY NY 12804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143658

Amount of Each Receipt this Period

25.03

**SUBTOTAL** of Receipts This Page (optional) .....

75.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.64

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077449

Amount of Each Receipt this Period

19.73

Full Name (Last, First, Middle Initial)

**B.** MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.37

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1144020

Amount of Each Receipt this Period

19.73

Full Name (Last, First, Middle Initial)

**C.** EVA M MCINTEE

Mailing Address 28 MANCERA

City State Zip Code  
 RANCHO SANTA MA CA 92688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.27

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077444

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

67.89

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

EVAM MCINTEE

Mailing Address 28 MANCERA

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| RANCHO SANTA MA | CA    | 92688    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.70

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1144015

Amount of Each Receipt this Period

28.43

**B.** Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BRENTWOOD | TN    | 37027    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.57

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077117

Amount of Each Receipt this Period

42.88

**C.** Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BRENTWOOD | TN    | 37027    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.45

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143689

Amount of Each Receipt this Period

42.88

SUBTOTAL of Receipts This Page (optional) .....

114.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RONALD D MCNEIL

Mailing Address 76 HILLBURN LANE

City State Zip Code  
NO BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-Protection Distributi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.99

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077359

Amount of Each Receipt this Period

112.15

**B.** Full Name (Last, First, Middle Initial)  
RONALD D MCNEIL

Mailing Address 76 HILLBURN LANE

City State Zip Code  
NO BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-Protection Distributi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1656.14

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143930

Amount of Each Receipt this Period

112.15

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.55

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077455

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

240.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144026

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.18

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077161

Amount of Each Receipt this Period

18.97

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.15

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143732

Amount of Each Receipt this Period

18.97

**SUBTOTAL** of Receipts This Page (optional) .....

54.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.87

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077043

Amount of Each Receipt this Period

31.31

**B.** Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.18

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143615

Amount of Each Receipt this Period

31.31

**C.** Full Name (Last, First, Middle Initial)

JANE M MELLON

Mailing Address 184 GARFIELD

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.93

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077236

Amount of Each Receipt this Period

38.82

**SUBTOTAL** of Receipts This Page (optional) .....

101.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JANE M MELLON

Mailing Address 184 GARFIELD

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143807

Amount of Each Receipt this Period

38.82

**B.** Full Name (Last, First, Middle Initial)  
HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City State Zip Code  
PROSPECT HTS IL 60070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.14

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077289

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)  
HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City State Zip Code  
PROSPECT HTS IL 60070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.49

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143860

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

71.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** JACK C MIGDAL

Full Name (Last, First, Middle Initial)

Mailing Address 4240 FOREST GLEN DRIVE

City State Zip Code  
 HOFFMAN ESTATES IL 60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077068

Amount of Each Receipt this Period

16.35

**B.** JACK C MIGDAL

Full Name (Last, First, Middle Initial)

Mailing Address 4240 FOREST GLEN DRIVE

City State Zip Code  
 HOFFMAN ESTATES IL 60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143640

Amount of Each Receipt this Period

16.35

**C.** FREDERICK J MILLER

Full Name (Last, First, Middle Initial)

Mailing Address 6975 MEADOW POINT TER

City State Zip Code  
 NEW MARKET MD 21774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077185

Amount of Each Receipt this Period

21.47

**SUBTOTAL** of Receipts This Page (optional) .....

54.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.88

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077349

Amount of Each Receipt this Period

19.37

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code  
NEW MARKET MD 21774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.22

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143756

Amount of Each Receipt this Period

21.47

**C.** Full Name (Last, First, Middle Initial)  
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.25

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143920

Amount of Each Receipt this Period

19.37

**SUBTOTAL** of Receipts This Page (optional) .....

60.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code  
 SOUTH RIDING VA 20152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.07

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077152

Amount of Each Receipt this Period

22.68

**B.** Full Name (Last, First, Middle Initial)

CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code  
 SOUTH RIDING VA 20152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143723

Amount of Each Receipt this Period

22.68

**C.** Full Name (Last, First, Middle Initial)

APRIL A MINKUS

Mailing Address 1132 GREENTREE ST.

City State Zip Code  
 DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077283

Amount of Each Receipt this Period

14.66

**SUBTOTAL** of Receipts This Page (optional) .....

60.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
APRIL A MINKUS

Mailing Address 1132 GREENTREE ST.

City State Zip Code  
DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143854

Amount of Each Receipt this Period

14.66

**B.** Full Name (Last, First, Middle Initial)  
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077030

Amount of Each Receipt this Period

39.63

**C.** Full Name (Last, First, Middle Initial)  
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143602

Amount of Each Receipt this Period

39.63

**SUBTOTAL** of Receipts This Page (optional) .....

93.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS  
Mailing Address 740 W. JENNIFER CT.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.79

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077228

Amount of Each Receipt this Period

47.65

**B.** Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS  
Mailing Address 740 W. JENNIFER CT.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.44

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143799

Amount of Each Receipt this Period

47.65

**C.** Full Name (Last, First, Middle Initial)  
MARCIE E MOLEK  
Mailing Address 400 KEVIN LANE

City State Zip Code  
GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.91

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077244

Amount of Each Receipt this Period

19.95

**SUBTOTAL** of Receipts This Page (optional) .....

115.25

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code  
GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.86

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143815

Amount of Each Receipt this Period

19.95

**B.** Full Name (Last, First, Middle Initial)  
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code  
EDMONDS WA 98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077454

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)  
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code  
EDMONDS WA 98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1144025

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional) .....

52.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWARD J MORAN  
Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.03

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077107

Amount of Each Receipt this Period

47.22

**B.** Full Name (Last, First, Middle Initial)  
EDWARD J MORAN  
Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.25

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143679

Amount of Each Receipt this Period

47.22

**C.** Full Name (Last, First, Middle Initial)  
KAREN S MORRIS  
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.66

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077325

Amount of Each Receipt this Period

38.09

**SUBTOTAL** of Receipts This Page (optional) .....

132.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 191 / 294  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KAREN S MORRIS  
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143896

Amount of Each Receipt this Period

38.09

**B.** Full Name (Last, First, Middle Initial)  
LARRY E MOSER  
Mailing Address 611 W. BURNING TREE LANE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077235

Amount of Each Receipt this Period

28.27

**C.** Full Name (Last, First, Middle Initial)  
LARRY E MOSER  
Mailing Address 611 W. BURNING TREE LANE

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143806

Amount of Each Receipt this Period

28.27

**SUBTOTAL** of Receipts This Page (optional) .....

94.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 192 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MEGHAN O MULVIHILL  
Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.88

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077114

Amount of Each Receipt this Period

27.92

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL F MULVIHILL  
Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.84

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077221

Amount of Each Receipt this Period

35.26

**C.** Full Name (Last, First, Middle Initial)  
MEGHAN O MULVIHILL  
Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.80

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143686

Amount of Each Receipt this Period

27.92

**SUBTOTAL** of Receipts This Page (optional) .....

91.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL F MULVIHILL  
Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.10

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143792

Amount of Each Receipt this Period

35.26

**B.** Full Name (Last, First, Middle Initial)  
ELADIO R MUNIZ  
Mailing Address 11127 SPYGLASS HILL LANE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.75

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077083

Amount of Each Receipt this Period

16.35

**C.** Full Name (Last, First, Middle Initial)  
ELADIO R MUNIZ  
Mailing Address 11127 SPYGLASS HILL LANE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.10

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143655

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

67.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD

City State Zip Code  
WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.59

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077411

Amount of Each Receipt this Period

39.76

B. Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD

City State Zip Code  
WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.35

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143982

Amount of Each Receipt this Period

39.76

C. Full Name (Last, First, Middle Initial)

LINDA MYERS

Mailing Address 2333 CENTRAL ST #101

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Tax Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.32

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077399

Amount of Each Receipt this Period

15.23

SUBTOTAL of Receipts This Page (optional) .....

94.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LINDA MYERS  
Mailing Address 2333 CENTRAL ST #101

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Tax Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143970

Amount of Each Receipt this Period

15.23

**B.** Full Name (Last, First, Middle Initial)  
DAVID G NADIG  
Mailing Address 2950 LAKE PLACID

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.21

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077344

Amount of Each Receipt this Period

46.23

**C.** Full Name (Last, First, Middle Initial)  
DAVID G NADIG  
Mailing Address 2950 LAKE PLACID

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.44

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143915

Amount of Each Receipt this Period

46.23

**SUBTOTAL** of Receipts This Page (optional) .....

107.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code  
 SCHAUMBURG IL 60194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077252

Amount of Each Receipt this Period

35.95

**B.** Full Name (Last, First, Middle Initial)  
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code  
 SCHAUMBURG IL 60194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143823

Amount of Each Receipt this Period

35.95

**C.** Full Name (Last, First, Middle Initial)  
JOAN M NAUGHTON-GERDES

Mailing Address 650 MALIBOU

City State Zip Code  
 PALATINE IL 60074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077323

Amount of Each Receipt this Period

19.26

**SUBTOTAL** of Receipts This Page (optional) .....

91.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOAN M NAUGHTON-GERDES

Mailing Address 650 MALIBOU

City State Zip Code  
 PALATINE IL 60074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143894

Amount of Each Receipt this Period

19.26

Full Name (Last, First, Middle Initial)

**B.** DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077206

Amount of Each Receipt this Period

104.62

Full Name (Last, First, Middle Initial)

**C.** DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1542.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143777

Amount of Each Receipt this Period

104.62

**SUBTOTAL** of Receipts This Page (optional) .....

228.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>NEIL C NELSON<br>Mailing Address 2794 BRECKENRIDGE CIRCLE<br>City State Zip Code<br>AURORA IL 60504<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>CC IT Senior Manager<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>353.31      |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID: A2006-1077368</b><br>Amount of Each Receipt this Period<br>25.59 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NEIL C NELSON<br>Mailing Address 2794 BRECKENRIDGE CIRCLE<br>City State Zip Code<br>AURORA IL 60504<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>CC IT Senior Manager<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>378.90      |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6<br><b>Transaction ID: A2006-1143939</b><br>Amount of Each Receipt this Period<br>25.59 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JEANNIE M NEWMAN<br>Mailing Address 9969 LONGVIEW DRIVE<br>City State Zip Code<br>LITTLETON CO 80124<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Territorial Distribution<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.74 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID: A2006-1077439</b><br>Amount of Each Receipt this Period<br>17.91 |

**SUBTOTAL** of Receipts This Page (optional) .....

69.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JEANNIE M NEWMAN

Mailing Address 9969 LONGVIEW DRIVE

City State Zip Code  
 LITTLETON CO 80124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.65

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144010

Amount of Each Receipt this Period

17.91

Full Name (Last, First, Middle Initial)

**B.** PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code  
 DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.97

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077412

Amount of Each Receipt this Period

21.77

Full Name (Last, First, Middle Initial)

**C.** PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code  
 DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143983

Amount of Each Receipt this Period

21.77

**SUBTOTAL** of Receipts This Page (optional) .....

61.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 200 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JO B NORTON

Mailing Address 611 WESTBROOK DRIVE

City State Zip Code  
**AUSTIN TX 78746**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.25

Date of Receipt

**07 / 07 / 2006**

Transaction ID: A2006-1077403

Amount of Each Receipt this Period

24.60

Full Name (Last, First, Middle Initial)

**B.** THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code  
**WAUKEGAN IL 60085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

**07 / 21 / 2006**

Transaction ID: A2006-1143908

Amount of Each Receipt this Period

14.08

Full Name (Last, First, Middle Initial)

**C.** JO B NORTON

Mailing Address 611 WESTBROOK DRIVE

City State Zip Code  
**AUSTIN TX 78746**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.85

Date of Receipt

**07 / 21 / 2006**

Transaction ID: A2006-1143974

Amount of Each Receipt this Period

24.60

**SUBTOTAL** of Receipts This Page (optional) .....

**63.28**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RICHARD C O'BRIEN  
 Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.08

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077198

Amount of Each Receipt this Period

17.72

**B.** Full Name (Last, First, Middle Initial)  
 RICHARD C O'BRIEN  
 Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143769

Amount of Each Receipt this Period

17.72

**C.** Full Name (Last, First, Middle Initial)  
 BRIAN M O'DELL  
 Mailing Address 3434 WHITE ADMIRAL COURT

City State Zip Code  
 EDGEWATER MD 21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077119

Amount of Each Receipt this Period

31.32

**SUBTOTAL** of Receipts This Page (optional) .....

66.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>BRIAN M O'DELL<br>Mailing Address 3434 WHITE ADMIRAL COURT<br>City State Zip Code<br>EDGEWATER MD 21037<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Territorial Distribution<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>469.80 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1143691<br>Amount of Each Receipt this Period<br>31.32 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN O'MALLEY<br>Mailing Address 1816 ASPEN LANE<br>City State Zip Code<br>MOUNT PROSPECT IL 60056<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Human Resource Senior Man<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>221.18     |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1077315<br>Amount of Each Receipt this Period<br>16.07 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOHN O'MALLEY<br>Mailing Address 1816 ASPEN LANE<br>City State Zip Code<br>MOUNT PROSPECT IL 60056<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Allstate Insurance Company<br>Occupation<br>Human Resource Senior Man<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>237.25     |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6<br><b>Transaction ID:</b> A2006-1143886<br>Amount of Each Receipt this Period<br>16.07 |

**SUBTOTAL** of Receipts This Page (optional) .....

63.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077067

Amount of Each Receipt this Period

24.54

Full Name (Last, First, Middle Initial)

**B.** MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143639

Amount of Each Receipt this Period

24.54

Full Name (Last, First, Middle Initial)

**C.** EDWARD J OBERLE

Mailing Address 4 WHITE CHAPEL CT

City State Zip Code  
 ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077027

Amount of Each Receipt this Period

15.67

**SUBTOTAL** of Receipts This Page (optional) .....

64.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

EDWARD J OBERLE

Mailing Address 4 WHITE CHAPEL CT

City State Zip Code  
 ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143599

Amount of Each Receipt this Period

15.67

**B.** Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code  
 HOFFMAN ESTATES IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077312

Amount of Each Receipt this Period

29.51

**C.** Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code  
 HOFFMAN ESTATES IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143883

Amount of Each Receipt this Period

29.51

**SUBTOTAL** of Receipts This Page (optional) .....

74.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

KATHY A OLCESE

Mailing Address 35 YORK ST

City State Zip Code  
 HUDSON OH 44236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077188

Amount of Each Receipt this Period

22.20

**B.** Full Name (Last, First, Middle Initial)

KATHY A OLCESE

Mailing Address 35 YORK ST

City State Zip Code  
 HUDSON OH 44236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143759

Amount of Each Receipt this Period

22.20

**C.** Full Name (Last, First, Middle Initial)

CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City State Zip Code  
 CHICAGO IL 60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077381

Amount of Each Receipt this Period

32.40

**SUBTOTAL** of Receipts This Page (optional) .....

76.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

478.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143952

Amount of Each Receipt this Period

32.40

**B.**

Full Name (Last, First, Middle Initial)

AL W OLSSON JR

Mailing Address 1524 BONHAM CT

City

IRVING

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Data Center

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

779.73

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077032

Amount of Each Receipt this Period

56.38

**C.**

Full Name (Last, First, Middle Initial)

AL W OLSSON JR

Mailing Address 1524 BONHAM CT

City

IRVING

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Data Center

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

836.11

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143604

Amount of Each Receipt this Period

56.38

**SUBTOTAL** of Receipts This Page (optional) .....

145.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.02

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077400

Amount of Each Receipt this Period

60.96

Full Name (Last, First, Middle Initial)

**B.** JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

899.98

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143971

Amount of Each Receipt this Period

60.96

Full Name (Last, First, Middle Initial)

**C.** PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code  
 BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.87

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077159

Amount of Each Receipt this Period

34.58

**SUBTOTAL** of Receipts This Page (optional) .....

156.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143730

Amount of Each Receipt this Period

34.58

**B.** Full Name (Last, First, Middle Initial)  
GEORGE H OXENDINE

Mailing Address 1 SOUTH HIGHLAND AVENUE #603

City State Zip Code  
ARLINGTON HEIGHTS IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.86

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077136

Amount of Each Receipt this Period

25.94

**C.** Full Name (Last, First, Middle Initial)  
GEORGE H OXENDINE

Mailing Address 1 SOUTH HIGHLAND AVENUE #603

City State Zip Code  
ARLINGTON HEIGHTS IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143707

Amount of Each Receipt this Period

25.94

**SUBTOTAL** of Receipts This Page (optional) .....

86.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077469

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

**B.** ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144040

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

**C.** DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code  
 EDGEWATER MD 21037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077109

Amount of Each Receipt this Period

39.25

**SUBTOTAL** of Receipts This Page (optional) .....

108.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 210 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code  
 EDGEWATER MD 21037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143681

Amount of Each Receipt this Period

39.25

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077313

Amount of Each Receipt this Period

50.98

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143884

Amount of Each Receipt this Period

50.98

**SUBTOTAL** of Receipts This Page (optional) .....

141.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROGER D PARKER  
 Mailing Address 1305 N MAIDSTONE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077463

Amount of Each Receipt this Period

46.17

**B.** Full Name (Last, First, Middle Initial)  
 ROGER D PARKER  
 Mailing Address 1305 N MAIDSTONE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.09

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144034

Amount of Each Receipt this Period

46.17

**C.** Full Name (Last, First, Middle Initial)  
 MAYUR M PATEL  
 Mailing Address 742 E PARKVIEW CT

City State Zip Code  
 ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077254

Amount of Each Receipt this Period

28.89

**SUBTOTAL** of Receipts This Page (optional) .....

121.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MAYUR M PATEL  
Mailing Address 742 E PARKVIEW CT

City State Zip Code  
ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143825

Amount of Each Receipt this Period

28.89

**B.** Full Name (Last, First, Middle Initial)  
BARRY S PAUL  
Mailing Address 3010 LILAC LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP & Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.86

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077089

Amount of Each Receipt this Period

31.44

**C.** Full Name (Last, First, Middle Initial)  
CHARLES PAUL  
Mailing Address 301 CAMELOT LANE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.61

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077094

Amount of Each Receipt this Period

66.19

**SUBTOTAL** of Receipts This Page (optional) .....

126.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BARRY S PAUL  
Mailing Address 3010 LILAC LANE

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP & Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.30

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143661

Amount of Each Receipt this Period

31.44

**B.** Full Name (Last, First, Middle Initial)  
CHARLES PAUL  
Mailing Address 301 CAMELOT LANE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.80

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143666

Amount of Each Receipt this Period

66.19

**C.** Full Name (Last, First, Middle Initial)  
RONALD J PEPPING  
Mailing Address 934 LEWIS PLACE

City State Zip Code  
GENEVA IL 60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.27

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077290

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

126.06

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

|  |                              |                              |                             |                             |                             |                             |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RONALD J PEPPING  
Mailing Address 934 LEWIS PLACECity State Zip Code  
GENEVA IL 60134FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143861

Amount of Each Receipt this Period

28.43

**B.** Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS  
Mailing Address 1480 MINTHAVEN RDCity State Zip Code  
LAKE FOREST IL 60045FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.78

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077056

Amount of Each Receipt this Period

45.69

**C.** Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS  
Mailing Address 1480 MINTHAVEN RDCity State Zip Code  
LAKE FOREST IL 60045FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.47

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143628

Amount of Each Receipt this Period

45.69

**SUBTOTAL** of Receipts This Page (optional) .....

119.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code  
 ROCKFORD IL 61114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077311

Amount of Each Receipt this Period

16.65

B. Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code  
 ROCKFORD IL 61114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143882

Amount of Each Receipt this Period

16.65

C. Full Name (Last, First, Middle Initial)

JUDITH M PETRAY

Mailing Address 539 KELMORE ST

City State Zip Code  
 MOSS BEACH CA 94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077026

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional) .....

49.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JUDITH M PETRAY

Mailing Address 539 KELMORE ST

City State Zip Code  
 MOSS BEACH CA 94038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143598

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.19

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077055

Amount of Each Receipt this Period

47.19

**C.** Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143627

Amount of Each Receipt this Period

47.19

**SUBTOTAL** of Receipts This Page (optional) .....

110.73

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES M PLOTTS

Mailing Address 1651 TIMBER WOODS LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-AGENCY & CUSTOMER SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998.41

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077350

Amount of Each Receipt this Period

72.70

Full Name (Last, First, Middle Initial)

**B.** JAMES M PLOTTS

Mailing Address 1651 TIMBER WOODS LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-AGENCY & CUSTOMER SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.11

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143921

Amount of Each Receipt this Period

72.70

Full Name (Last, First, Middle Initial)

**C.** DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.10

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077047

Amount of Each Receipt this Period

35.25

**SUBTOTAL** of Receipts This Page (optional) .....

180.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.35

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143619

Amount of Each Receipt this Period

35.25

**B.** Full Name (Last, First, Middle Initial)  
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077217

Amount of Each Receipt this Period

26.78

**C.** Full Name (Last, First, Middle Initial)  
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.42

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143788

Amount of Each Receipt this Period

26.78

**SUBTOTAL** of Receipts This Page (optional) .....

88.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code  
 DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.87

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077341

Amount of Each Receipt this Period

20.38

Full Name (Last, First, Middle Initial)

**B.** THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code  
 DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.25

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143912

Amount of Each Receipt this Period

20.38

Full Name (Last, First, Middle Initial)

**C.** JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code  
 ARLINGTON HGTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.21

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077477

Amount of Each Receipt this Period

26.74

**SUBTOTAL** of Receipts This Page (optional) .....

67.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City

ARLINGTON HGTS

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.95

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144048

Amount of Each Receipt this Period

26.74

Full Name (Last, First, Middle Initial)

**B.** JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.31

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077172

Amount of Each Receipt this Period

54.32

Full Name (Last, First, Middle Initial)

**C.** JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.63

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143743

Amount of Each Receipt this Period

54.32

**SUBTOTAL** of Receipts This Page (optional) .....

135.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077033

Amount of Each Receipt this Period

38.15

Full Name (Last, First, Middle Initial)

B. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code  
 CRYSTAL LAKE IL 60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143605

Amount of Each Receipt this Period

38.15

Full Name (Last, First, Middle Initial)

C. JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City State Zip Code  
 LOWER GWYNEDD PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.21

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077098

Amount of Each Receipt this Period

61.70

SUBTOTAL of Receipts This Page (optional) .....

138.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City State Zip Code  
 LOWER GWYNEDD PA 19002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.91

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143670

Amount of Each Receipt this Period

61.70

Full Name (Last, First, Middle Initial)

**B.** ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077333

Amount of Each Receipt this Period

24.68

Full Name (Last, First, Middle Initial)

**C.** ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143904

Amount of Each Receipt this Period

24.68

**SUBTOTAL** of Receipts This Page (optional) .....

111.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077103

Amount of Each Receipt this Period

45.35

Full Name (Last, First, Middle Initial)

**B.** ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143675

Amount of Each Receipt this Period

45.35

Full Name (Last, First, Middle Initial)

**C.** JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077474

Amount of Each Receipt this Period

45.25

**SUBTOTAL** of Receipts This Page (optional) .....

135.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144045

Amount of Each Receipt this Period

45.25

Full Name (Last, First, Middle Initial)

**B.** MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code  
 OAK LAWN IL 60453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.83

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077268

Amount of Each Receipt this Period

38.30

Full Name (Last, First, Middle Initial)

**C.** MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code  
 OAK LAWN IL 60453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.13

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143839

Amount of Each Receipt this Period

38.30

**SUBTOTAL** of Receipts This Page (optional) .....

121.85

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code  
 South Euclid OH 44121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077091

Amount of Each Receipt this Period

20.25

B. Full Name (Last, First, Middle Initial)

CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077464

Amount of Each Receipt this Period

32.70

C. Full Name (Last, First, Middle Initial)

DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code  
 South Euclid OH 44121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143663

Amount of Each Receipt this Period

20.25

SUBTOTAL of Receipts This Page (optional) .....

73.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144035

Amount of Each Receipt this Period

32.70

**B.** Full Name (Last, First, Middle Initial)  
GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code  
 RIVER FOREST IL 60305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077201

Amount of Each Receipt this Period

39.77

**C.** Full Name (Last, First, Middle Initial)  
GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code  
 RIVER FOREST IL 60305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.24

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143772

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

112.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code  
HINSDALE IL 60521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.43

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077277

Amount of Each Receipt this Period

25.95

**B.** Full Name (Last, First, Middle Initial)  
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code  
HINSDALE IL 60521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.38

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143848

Amount of Each Receipt this Period

25.95

**C.** Full Name (Last, First, Middle Initial)  
JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.23

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077471

Amount of Each Receipt this Period

16.27

**SUBTOTAL** of Receipts This Page (optional) .....

68.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144042

Amount of Each Receipt this Period

16.27

Full Name (Last, First, Middle Initial)

**B.** GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
 LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.71

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077329

Amount of Each Receipt this Period

91.15

Full Name (Last, First, Middle Initial)

**C.** GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
 LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143900

Amount of Each Receipt this Period

91.15

**SUBTOTAL** of Receipts This Page (optional) .....

198.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DOREEN M RYAN  
Mailing Address 17 ALSTON COURT

City State Zip Code  
RED BANK NJ 07701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.20

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077084

Amount of Each Receipt this Period

21.80

**B.** Full Name (Last, First, Middle Initial)  
DOREEN M RYAN  
Mailing Address 17 ALSTON COURT

City State Zip Code  
RED BANK NJ 07701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143656

Amount of Each Receipt this Period

21.80

**C.** Full Name (Last, First, Middle Initial)  
PAUL R RYSKE  
Mailing Address 898 E. LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.86

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077199

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

63.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143770

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.63

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077174

Amount of Each Receipt this Period

27.73

C. Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143745

Amount of Each Receipt this Period

27.73

SUBTOTAL of Receipts This Page (optional) .....

75.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 PATRICK J SCHNEIDER  
 Mailing Address 210 NORTH TRAIL

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.59

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077316

Amount of Each Receipt this Period

27.66

**B.** Full Name (Last, First, Middle Initial)  
 PATRICK J SCHNEIDER  
 Mailing Address 210 NORTH TRAIL

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143887

Amount of Each Receipt this Period

27.66

**C.** Full Name (Last, First, Middle Initial)  
 STEPHEN E SCHOLL  
 Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allstate Insurance Company

Occupation  
 AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.61

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077087

Amount of Each Receipt this Period

47.97

**SUBTOTAL** of Receipts This Page (optional) .....

103.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.58

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143659

Amount of Each Receipt this Period

47.97

Full Name (Last, First, Middle Initial)

**B.** DALE J SCHUELLER

Mailing Address 2941 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Administration Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077417

Amount of Each Receipt this Period

15.16

Full Name (Last, First, Middle Initial)

**C.** DALE J SCHUELLER

Mailing Address 2941 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Administration Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.80

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143988

Amount of Each Receipt this Period

15.16

**SUBTOTAL** of Receipts This Page (optional) .....

78.29

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code  
 BUFFALO GROVE IL 60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077249

Amount of Each Receipt this Period

22.15

**B.** Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code  
 BUFFALO GROVE IL 60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.19

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143820

Amount of Each Receipt this Period

22.15

**C.** Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 526 LANGE COURT

City State Zip Code  
 LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077450

Amount of Each Receipt this Period

15.76

**SUBTOTAL** of Receipts This Page (optional) .....

60.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL D SCHUSTER

Mailing Address 526 LANGE COURT

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144021

Amount of Each Receipt this Period

15.76

**B.** Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code  
SAMMAMISH WA 98074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.55

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077372

Amount of Each Receipt this Period

38.89

**C.** Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code  
SAMMAMISH WA 98074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.44

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143943

Amount of Each Receipt this Period

38.89

**SUBTOTAL** of Receipts This Page (optional) .....

93.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077064

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B.** ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143636

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**C.** ROBERT M SCULLY

Mailing Address 302 NORTH VILLAGE ST

City State Zip Code  
CELEBRATION FL 34747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077048

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

52.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

ROBERT M SCULLY

Mailing Address 302 NORTH VILLAGE ST

City State Zip Code  
**CELEBRATION** **FL** **34747**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.40

Date of Receipt

M M / D D / Y Y Y Y Y  
**07** **21** **2006**

Transaction ID: A2006-1143620

Amount of Each Receipt this Period

19.88

**B.** Full Name (Last, First, Middle Initial)

DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code  
**LUBBOCK** **TX** **79424**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.89

Date of Receipt

M M / D D / Y Y Y Y Y  
**07** **07** **2006**

Transaction ID: A2006-1077404

Amount of Each Receipt this Period

23.16

**C.** Full Name (Last, First, Middle Initial)

DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code  
**LUBBOCK** **TX** **79424**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.05

Date of Receipt

M M / D D / Y Y Y Y Y  
**07** **21** **2006**

Transaction ID: A2006-1143975

Amount of Each Receipt this Period

23.16

**SUBTOTAL** of Receipts This Page (optional) .....

**66.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077305

Amount of Each Receipt this Period

29.25

**B.** Full Name (Last, First, Middle Initial)  
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143876

Amount of Each Receipt this Period

29.25

**C.** Full Name (Last, First, Middle Initial)  
STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code  
WHEATON IL 60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1047.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077276

Amount of Each Receipt this Period

76.15

**SUBTOTAL** of Receipts This Page (optional) .....

134.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
STEVEN E SHEBIK  
Mailing Address 517 ROBINWOOD LANE

City State Zip Code  
WHEATON IL 60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.91

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143847

Amount of Each Receipt this Period

76.15

**B.** Full Name (Last, First, Middle Initial)  
STEVEN R SHEFFEY  
Mailing Address 839 SUMAC

City State Zip Code  
HIGHLAND PARK IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.48

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077194

Amount of Each Receipt this Period

19.22

**C.** Full Name (Last, First, Middle Initial)  
STEVEN R SHEFFEY  
Mailing Address 839 SUMAC

City State Zip Code  
HIGHLAND PARK IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.70

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143765

Amount of Each Receipt this Period

19.22

**SUBTOTAL** of Receipts This Page (optional) .....

114.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN M SHUMATE III

Mailing Address 40096 NORTH GOLDENROD LANE

City State Zip Code  
**WADSWORTH IL 60083**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.94

Date of Receipt

**07 / 21 / 2006**

**Transaction ID: A2006-1143690**

Amount of Each Receipt this Period

13.26

Full Name (Last, First, Middle Initial)

**B.** DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code  
**FAIR OAKS CA 95628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.64

Date of Receipt

**07 / 07 / 2006**

**Transaction ID: A2006-1077352**

Amount of Each Receipt this Period

21.76

Full Name (Last, First, Middle Initial)

**C.** DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code  
**FAIR OAKS CA 95628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.40

Date of Receipt

**07 / 21 / 2006**

**Transaction ID: A2006-1143923**

Amount of Each Receipt this Period

21.76

**SUBTOTAL** of Receipts This Page (optional) .....

**56.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 ROBERT L SIMMONS  
 Mailing Address 418 DEUCE DRIVE

City State Zip Code  
 WALL NJ 07719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.28

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077076

Amount of Each Receipt this Period

27.47

**B.** Full Name (Last, First, Middle Initial)  
 ROBERT L SIMMONS  
 Mailing Address 418 DEUCE DRIVE

City State Zip Code  
 WALL NJ 07719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.75

Date of Receipt

M M / D D / Y Y Y Y  
 07 21 2006

Transaction ID: A2006-1143648

Amount of Each Receipt this Period

27.47

**C.** Full Name (Last, First, Middle Initial)  
 KIMBALL S SIMON  
 Mailing Address 11 WEHRHEIM

City State Zip Code  
 BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.12

Date of Receipt

M M / D D / Y Y Y Y  
 07 07 2006

Transaction ID: A2006-1077432

Amount of Each Receipt this Period

34.98

**SUBTOTAL** of Receipts This Page (optional) .....

89.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144003

Amount of Each Receipt this Period

34.98

**B.** Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code  
HIGHLAND PARK IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.54

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077204

Amount of Each Receipt this Period

26.51

**C.** Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code  
HIGHLAND PARK IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.05

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143775

Amount of Each Receipt this Period

26.51

**SUBTOTAL** of Receipts This Page (optional) .....

88.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 294

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| FREDERICK | MD    | 21702    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.87

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077153

Amount of Each Receipt this Period

19.37

Full Name (Last, First, Middle Initial)

**B.** JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| FREDERICK | MD    | 21702    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.24

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1143724

Amount of Each Receipt this Period

19.37

Full Name (Last, First, Middle Initial)

**C.** DAVID N SITZ

Mailing Address 519A CHICAGO AVE.

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| EVANSTON | IL    | 60202    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.58

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: A2006-1077214

Amount of Each Receipt this Period

25.07

SUBTOTAL of Receipts This Page (optional) .....

63.81

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 294

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|--|--|--|--|--|--|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DAVID N SITZ<br>Mailing Address 519A CHICAGO AVE.<br>City EVANSTON State IL Zip Code 60202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Allstate Insurance Company Occupation Associate Counsel<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.65       |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-1143785<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10">25.07</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 2 | 1 |  | 2 | 0 | 0 | 6 | 25.07 |  |  |  |  |  |  |  |  |  |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 0   | 7 |  | 2 | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 25.07   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>KEVIN R SLAWIN<br>Mailing Address 1316 CRESTWOOD DRIVE<br>City NORTHBROOK State IL Zip Code 60062<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 539.77 |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-1077314<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10">39.03</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 7 |  | 2 | 0 | 0 | 6 | 39.03 |  |  |  |  |  |  |  |  |  |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 0   | 7 |  | 0 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 39.03   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KEVIN R SLAWIN<br>Mailing Address 1316 CRESTWOOD DRIVE<br>City NORTHBROOK State IL Zip Code 60062<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 578.80 |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-1143885<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10">39.03</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 2 | 1 |  | 2 | 0 | 0 | 6 | 39.03 |  |  |  |  |  |  |  |  |  |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 0   | 7 |  | 2 | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |
| 39.03   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |  |  |  |  |  |  |  |  |  |

SUBTOTAL of Receipts This Page (optional) .....

103.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KIMBERLY J SLOANE  
Mailing Address 378 N. VISTA AVE

City State Zip Code  
LOMBARD IL 60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077294

Amount of Each Receipt this Period

36.26

**B.** Full Name (Last, First, Middle Initial)  
KIMBERLY J SLOANE  
Mailing Address 378 N. VISTA AVE

City State Zip Code  
LOMBARD IL 60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143865

Amount of Each Receipt this Period

36.26

**C.** Full Name (Last, First, Middle Initial)  
HUGH F SMART  
Mailing Address 222 N WISNER

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.70

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077052

Amount of Each Receipt this Period

17.50

**SUBTOTAL** of Receipts This Page (optional) .....

90.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
HUGH F SMART

Mailing Address 222 N WISNER

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143624

Amount of Each Receipt this Period

17.50

**B.** Full Name (Last, First, Middle Initial)  
JOHN R SMITH

Mailing Address BOX 5916 RFD

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-AGENCY & CUSTOMER SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.41

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077127

Amount of Each Receipt this Period

50.55

**C.** Full Name (Last, First, Middle Initial)  
BENJAMIN M SMITH

Mailing Address 1008 CHESAPEAK BLVD

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.96

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077135

Amount of Each Receipt this Period

16.29

**SUBTOTAL** of Receipts This Page (optional) .....

84.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
VP Distribution and Chann

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.07

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077279

Amount of Each Receipt this Period

57.05

**B.**

Full Name (Last, First, Middle Initial)

KENNETH D SMITH

Mailing Address 619 N

City State Zip Code  
 OAK PARK IL 60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077309

Amount of Each Receipt this Period

14.60

**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN M SMITH

Mailing Address 1008 CHESAPEAK BLVD

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143706

Amount of Each Receipt this Period

16.29

**SUBTOTAL** of Receipts This Page (optional) .....

87.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Distribution and Chann

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143850

Amount of Each Receipt this Period

57.05

**B.**

Full Name (Last, First, Middle Initial)

KENNETH D SMITH

Mailing Address 619 N

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143880

Amount of Each Receipt this Period

14.60

**C.**

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077422

Amount of Each Receipt this Period

25.58

**SUBTOTAL** of Receipts This Page (optional) .....

97.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code  
 Scottsdale AZ 85262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143993

Amount of Each Receipt this Period

25.58

**B.** Full Name (Last, First, Middle Initial)  
 STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077362

Amount of Each Receipt this Period

70.90

**C.** Full Name (Last, First, Middle Initial)  
 STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.63

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143933

Amount of Each Receipt this Period

70.90

**SUBTOTAL** of Receipts This Page (optional) .....

167.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KEVIN A SPATARO  
Mailing Address 1663 SARATOGA LANE

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Account Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077335

Amount of Each Receipt this Period

25.31

**B.** Full Name (Last, First, Middle Initial)  
KEVIN A SPATARO  
Mailing Address 1663 SARATOGA LANE

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Account Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.26

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143906

Amount of Each Receipt this Period

25.31

**C.** Full Name (Last, First, Middle Initial)  
EDWIN M SPECHT  
Mailing Address 740 AMBRIA DRIVE

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.47

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077106

Amount of Each Receipt this Period

32.98

**SUBTOTAL** of Receipts This Page (optional) .....

83.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 250 / 294

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.45

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143678

Amount of Each Receipt this Period

32.98

**B.** Full Name (Last, First, Middle Initial)  
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code  
 N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.61

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077328

Amount of Each Receipt this Period

25.90

**C.** Full Name (Last, First, Middle Initial)  
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code  
 N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.51

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143899

Amount of Each Receipt this Period

25.90

**SUBTOTAL** of Receipts This Page (optional) .....

84.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077178

Amount of Each Receipt this Period

37.99

Full Name (Last, First, Middle Initial)

**B.** MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.87

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143749

Amount of Each Receipt this Period

37.99

Full Name (Last, First, Middle Initial)

**C.** EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code  
 CHICAGO IL 60640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077134

Amount of Each Receipt this Period

37.38

**SUBTOTAL** of Receipts This Page (optional) .....

113.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code  
CHICAGO IL 60640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.42

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143705

Amount of Each Receipt this Period

37.38

**B.** Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
ATLANTIC BEACH FL 32233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.47

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077149

Amount of Each Receipt this Period

35.78

**C.** Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
ATLANTIC BEACH FL 32233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.25

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143720

Amount of Each Receipt this Period

35.78

**SUBTOTAL** of Receipts This Page (optional) .....

108.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MYRON E STOUFFER  
Mailing Address 1528 JESSICA LANE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077145

Amount of Each Receipt this Period

18.81

**B.** Full Name (Last, First, Middle Initial)  
MYRON E STOUFFER  
Mailing Address 1528 JESSICA LANE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.73

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143716

Amount of Each Receipt this Period

18.81

**C.** Full Name (Last, First, Middle Initial)  
CHRISTINE A SULLIVAN  
Mailing Address 257 BIG TERRA LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077021

Amount of Each Receipt this Period

23.87

**SUBTOTAL** of Receipts This Page (optional) .....

61.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KEVIN T SULLIVAN  
Mailing Address 221 CARRIAGE HILL CIR

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1256.57

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077434

Amount of Each Receipt this Period

91.08

**B.** Full Name (Last, First, Middle Initial)  
CHRISTINE A SULLIVAN  
Mailing Address 257 BIG TERRA LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.07

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143593

Amount of Each Receipt this Period

23.87

**C.** Full Name (Last, First, Middle Initial)  
KEVIN T SULLIVAN  
Mailing Address 221 CARRIAGE HILL CIR

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144005

Amount of Each Receipt this Period

91.08

**SUBTOTAL** of Receipts This Page (optional) .....

206.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 255 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KATHLEEN A SWAIN  
Mailing Address 242 HIGHVIEW

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.18

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077208

Amount of Each Receipt this Period

48.97

**B.** Full Name (Last, First, Middle Initial)  
KATHLEEN A SWAIN  
Mailing Address 242 HIGHVIEW

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.15

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143779

Amount of Each Receipt this Period

48.97

**C.** Full Name (Last, First, Middle Initial)  
CASEY J SYLLA  
Mailing Address 32 RIDERWOOD

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
President Allstate Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1933.61

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077360

Amount of Each Receipt this Period

140.77

**SUBTOTAL** of Receipts This Page (optional) .....

238.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CASEY J SYLLA  
Mailing Address 32 RIDERWOOD

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
President Allstate Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2074.38

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143931

Amount of Each Receipt this Period

140.77

**B.** Full Name (Last, First, Middle Initial)  
KIMBERLY A SYME  
Mailing Address 1609 SURRIDGE CT

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.76

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077226

Amount of Each Receipt this Period

14.54

**C.** Full Name (Last, First, Middle Initial)  
KIMBERLY A SYME  
Mailing Address 1609 SURRIDGE CT

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.30

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143797

Amount of Each Receipt this Period

14.54

**SUBTOTAL** of Receipts This Page (optional) .....

169.85

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code  
 ELK GROVE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077253

Amount of Each Receipt this Period

36.51

Full Name (Last, First, Middle Initial)

**B.** JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code  
 ELK GROVE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143824

Amount of Each Receipt this Period

36.51

Full Name (Last, First, Middle Initial)

**C.** BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077074

Amount of Each Receipt this Period

20.85

**SUBTOTAL** of Receipts This Page (optional) .....

93.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
 BENJAMIN A TARVER  
 Mailing Address 2495 EMERALD LANE

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 AVP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143646

Amount of Each Receipt this Period

20.85

**B.** Full Name (Last, First, Middle Initial)  
 TIMOTHY J TAYLOR  
 Mailing Address 5314 RENEE AVE.

City State Zip Code  
 CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.63

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077130

Amount of Each Receipt this Period

17.57

**C.** Full Name (Last, First, Middle Initial)  
 JANICE M TAYLOR  
 Mailing Address 7335 ATHLONE

City State Zip Code  
 HOUSTON TX 77088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077406

Amount of Each Receipt this Period

21.94

**SUBTOTAL** of Receipts This Page (optional) .....

60.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 259 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code  
LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.85

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077470

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code  
CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.20

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143701

Amount of Each Receipt this Period

17.57

**C.** Full Name (Last, First, Middle Initial)  
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code  
HOUSTON TX 77088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.30

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: A2006-1143977

Amount of Each Receipt this Period

21.94

**SUBTOTAL** of Receipts This Page (optional) .....

55.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)

LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code  
 LAKE BLUFF IL 60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144041

Amount of Each Receipt this Period

16.35

**B.** Full Name (Last, First, Middle Initial)

PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.63

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077456

Amount of Each Receipt this Period

14.87

**C.** Full Name (Last, First, Middle Initial)

PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144027

Amount of Each Receipt this Period

14.87

**SUBTOTAL** of Receipts This Page (optional) .....

46.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Service Center Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.30

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143967

Amount of Each Receipt this Period

13.73

**B.** Full Name (Last, First, Middle Initial)  
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code  
VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.60

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077131

Amount of Each Receipt this Period

30.05

**C.** Full Name (Last, First, Middle Initial)  
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code  
CHICAGO IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.01

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077418

Amount of Each Receipt this Period

23.95

**SUBTOTAL** of Receipts This Page (optional) .....

67.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143702

Amount of Each Receipt this Period

30.05

Full Name (Last, First, Middle Initial)

B. MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code  
 CHICAGO IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.96

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143989

Amount of Each Receipt this Period

23.95

Full Name (Last, First, Middle Initial)

C. ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code  
 LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077223

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional) .....

73.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143794

Amount of Each Receipt this Period

19.88

**B.** Full Name (Last, First, Middle Initial)  
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077436

Amount of Each Receipt this Period

37.03

**C.** Full Name (Last, First, Middle Initial)  
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.53

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144007

Amount of Each Receipt this Period

37.03

**SUBTOTAL** of Receipts This Page (optional) .....

93.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT E TRANSON  
Mailing Address 2644 N DOUGLAS

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.93

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077265

Amount of Each Receipt this Period

26.32

**B.** Full Name (Last, First, Middle Initial)  
ROBERT E TRANSON  
Mailing Address 2644 N DOUGLAS

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143836

Amount of Each Receipt this Period

26.32

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL J TREVINO  
Mailing Address 1840 N. SAINT ANDREW DR.

City State Zip Code  
VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.89

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077407

Amount of Each Receipt this Period

30.46

**SUBTOTAL** of Receipts This Page (optional) .....

83.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

|   |                                      |   |
|---|--------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL J TREVINO  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 1840 N. SAINT ANDREW DR.  |                                      | <b>Transaction ID:</b> A2006-1143978                          |
| City<br>VERNON HILLS  | State<br>IL                          | Zip Code<br>60061   |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>30.46                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Communication Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.35   |   |

|   |                                     |   |
|---|-------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOSEPH V TRIPODI   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 565 E DEERPATH RD   |                                     | <b>Transaction ID:</b> A2006-1077466                          |
| City<br>LAKE FOREST   | State<br>IL                         | Zip Code<br>60045   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>99.23                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>SVP Marketing         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1365.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOSEPH V TRIPODI   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 2 1 / 2 0 0 6 |
| Mailing Address 565 E DEERPATH RD   |                                     | <b>Transaction ID:</b> A2006-1144037                          |
| City<br>LAKE FOREST   | State<br>IL                         | Zip Code<br>60045   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>99.23                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>SVP Marketing         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1464.23 |   |

**SUBTOTAL** of Receipts This Page (optional) .....

228.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 294

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MELINDA S TUNNER  
Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Agency Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.37

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077392

Amount of Each Receipt this Period

42.70

**B.** Full Name (Last, First, Middle Initial)  
MELINDA S TUNNER  
Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Agency Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.07

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143963

Amount of Each Receipt this Period

42.70

**C.** Full Name (Last, First, Middle Initial)  
RICHARD D TURANO  
Mailing Address 4960 S CHESTER ST

City State Zip Code  
ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.24

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077054

Amount of Each Receipt this Period

17.21

**SUBTOTAL** of Receipts This Page (optional) .....

102.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 294  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RICHARD D TURANO  
Mailing Address 4960 S CHESTER ST

City State Zip Code  
ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.45

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143626

Amount of Each Receipt this Period

17.21

**B.** Full Name (Last, First, Middle Initial)  
DAVID J UNROE  
Mailing Address 326 ELM CT.

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077459

Amount of Each Receipt this Period

19.88

**C.** Full Name (Last, First, Middle Initial)  
DAVID J UNROE  
Mailing Address 326 ELM CT.

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.20

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1144030

Amount of Each Receipt this Period

19.88

**SUBTOTAL** of Receipts This Page (optional) .....

56.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM A VAINISI  
Mailing Address 636 BALMORAL LANE

City State Zip Code  
INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.19

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077273

Amount of Each Receipt this Period

47.10

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM A VAINISI  
Mailing Address 636 BALMORAL LANE

City State Zip Code  
INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.29

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143844

Amount of Each Receipt this Period

47.10

**C.** Full Name (Last, First, Middle Initial)  
HELEN K VAN DAAL  
Mailing Address 1300 LONGVALLEY RD.

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.46

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077211

Amount of Each Receipt this Period

18.04

**SUBTOTAL** of Receipts This Page (optional) .....

112.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
HELEN K VAN DAAL  
Mailing Address 1300 LONGVALLEY RD.

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143782

Amount of Each Receipt this Period

18.04

**B.** Full Name (Last, First, Middle Initial)  
JOHN W VAN ETEN  
Mailing Address 924 W. Gordon Terrace #3

City State Zip Code  
Chicago IL 60613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: A2006-1077320

Amount of Each Receipt this Period

15.90

**C.** Full Name (Last, First, Middle Initial)  
JOHN W VAN ETEN  
Mailing Address 924 W. Gordon Terrace #3

City State Zip Code  
Chicago IL 60613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.40

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: A2006-1143891

Amount of Each Receipt this Period

15.90

**SUBTOTAL** of Receipts This Page (optional) .....

49.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
KIMBERLY VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code  
WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Information Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.26

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077461

Amount of Each Receipt this Period

23.60

**B.** Full Name (Last, First, Middle Initial)  
KIMBERLY VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code  
WHEELING IL 60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Information Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.86

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2006

Transaction ID: A2006-1144032

Amount of Each Receipt this Period

23.60

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code  
VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2006

Transaction ID: A2006-1077207

Amount of Each Receipt this Period

32.70

**SUBTOTAL** of Receipts This Page (optional) .....

79.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143778

Amount of Each Receipt this Period

32.70

Full Name (Last, First, Middle Initial)

**B.** PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code  
 VIENNA VA 22181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.21

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077431

Amount of Each Receipt this Period

51.82

Full Name (Last, First, Middle Initial)

**C.** PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code  
 VIENNA VA 22181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.03

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1144002

Amount of Each Receipt this Period

51.82

**SUBTOTAL** of Receipts This Page (optional) .....

136.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BILL VASILOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code  
 ARLINGTON HTS. IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.27

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: A2006-1077343

Amount of Each Receipt this Period

15.88

**B.** Full Name (Last, First, Middle Initial)  
BILL VASILOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code  
 ARLINGTON HTS. IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: A2006-1143914

Amount of Each Receipt this Period

15.88

**SUBTOTAL** of Receipts This Page (optional) .....

31.76

**TOTAL** This Period (last page this line number only) .....

27004.02



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Kathy Klausmeier

Mailing Address 1010 Hull St. Suite 202

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: A5486

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

1250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IL

District:

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B145953

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

0.18

Full Name (Last, First, Middle Initial)

**B.** Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IL

District:

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B145954

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

183.75

**SUBTOTAL** of Disbursements This Page (optional) .....

183.93

**TOTAL** This Period (last page this line number only) .....

183.93

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Jim Gerlach for Congress Cmte

Mailing Address PO Box 2776

City  
Arlington

State  
VA

Zip Code  
22202

Purpose of Disbursement  
G-2006 U.S. House 06 PA

Candidate Name  
Jim Gerlach

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: B145347

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Jerry Weller for Congress

Mailing Address 1155 21st Street NW Suite 330

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
G-2006 U.S. House 11 IL

Candidate Name  
Gerald C Weller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: B145349

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Weldon Victory Committee

Mailing Address P.O. Box 1992

City  
Media

State  
PA

Zip Code  
19063

Purpose of Disbursement  
G-2006 U.S. House 07 PA

Candidate Name  
Curt Weldon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: B145351

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A. Pennsylvanians for Kanjorski**

Mailing Address 126 S. Franklin Street

City Wilkes-Barre State PA Zip Code 18701

Purpose of Disbursement  
G-2006 U.S. House 11 PACandidate Name  
Paul E Kanjorski011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: B144788

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Mailing Address P.O. Box 1406

City Hickory State NC Zip Code 28601

Purpose of Disbursement  
G-2006 U.S. House 10 NCCandidate Name  
Patrick McHenry011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: B143897

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Brown-Waite for Congress**

Mailing Address PO Box 178

City Brooksville State FL Zip Code 34605

Purpose of Disbursement  
P-2006 U.S. House 05 FLCandidate Name  
Virginia Brown-Waite011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: B143899

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Walter Jones Committee 2006

Mailing Address P.O. Box 99667

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
G-2006 U.S. House 03 NC

Candidate Name  
Walter B Jones

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 03

**Transaction ID:** B143901

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Tanner

Mailing Address PO Box 1994

City  
Union City

State  
TN

Zip Code  
38281

Purpose of Disbursement  
G-2006 U.S. House 08 TN

Candidate Name  
John S Tanner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 08

**Transaction ID:** B144970

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Tom Feeney for Congress

Mailing Address PO Box 2601

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement  
P-2006 U.S. House 24 FL

Candidate Name  
Tom Feeney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

**Transaction ID:** B144971

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Hatch Election Cmte

Mailing Address PO Box 1480

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
G-2006 U.S. Senate UT

Candidate Name  
Orrin G Hatch

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: B144974

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** McCrery for Congress

Mailing Address 6425 Youree Drive

City  
Shreveport

State  
LA

Zip Code  
71105

Purpose of Disbursement  
G-2006 U.S. House 04 LA

Candidate Name  
Jim McCrery

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: B144976

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Johnson for Congress Cmte

Mailing Address P.O. Box 1986

City  
New Britain

State  
CT

Zip Code  
06050

Purpose of Disbursement  
P-2006 U.S. House 05 CT

Candidate Name  
Nancy L Johnson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: B140233

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

As disclosed in 2006 May  
Monthly

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 294

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Johnson for Congress Cmte

Mailing Address P.O. Box 1986

City  
New Britain

State  
CT

Zip Code  
06050

Purpose of Disbursement  
P-2006 U.S. House 05 CT

Candidate Name  
Nancy L Johnson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT

District: 05

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B140233A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

Redesignation of above contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

11000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Kline for Attorney General

Mailing Address P.O. Box 4026

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement  
G-2006 State Att. General KS

Candidate Name  
Phill Kline

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District:

**Transaction ID:** B145055

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** McClintock for Lt. Governor ID#1268948

Mailing Address 1127 11th Street Ste. 310

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
G-2006 Lt. Governor CA

Candidate Name  
Tom McClintock

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

**Transaction ID:** B145328

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Jeff Denham for Senate 2006 ID#1251652

Mailing Address 2150 River Plaza Dr. Suite #150

City  
Sacramento

State  
CA

Zip Code  
95833

Purpose of Disbursement  
G-2006 State Senate 12 CA

Candidate Name  
Jeff Denham

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

**Transaction ID:** B145330

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Mimi Walters for Assembly 2006 ID#1274042

Mailing Address P.O. Box 471

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
G-2006 State House 73 CA

Candidate Name  
Marian K Walters

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 73

**Transaction ID: B145333**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Sharon Runner for Asmbly '06 ID# 1272114

Mailing Address PO Box 471

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
G-2006 State House 36 CA

Candidate Name  
Sharon Runner

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 36

**Transaction ID: B145335**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C.** Anthony Adams for Assembly ID#1273871

Mailing Address PO Box 471

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
G-2006 State House 59 CA

Candidate Name  
Anthony Adams

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 59

**Transaction ID: B145336**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Hollingsworth for Senate 2006 ID#1251235

Mailing Address PO Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
G-2006 State Senate 36 CA

Candidate Name  
Dennis Hollingsworth

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 36

Transaction ID: B145337

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Nakanishi for Assembly 2006 ID#1272371

Mailing Address PO Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
G-2006 State House 10 CA

Candidate Name  
Alan Nakanishi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: B145338

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Ted Gaines for Assembly ID#1265314

Mailing Address P.O. Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
G-2006 State House 04 CA

Candidate Name  
Ted Gaines

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 04

Transaction ID: B145340

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Mike Wiggins Supreme Court Camp. Cmte.

Mailing Address PO Box 52046

City  
Atlanta

State  
GA

Zip Code  
30355

Purpose of Disbursement  
G-2006 State Supreme Court GA

Candidate Name  
Mike Wiggins

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: B145345

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Ted Gaines for Assembly ID# 1265314

Mailing Address P.O. Box 471

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
G-2006 State House 04 CA

Candidate Name  
Ted Gaines

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 04

Transaction ID: B143902

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Rick Keene for Assembly ID#1272446

Mailing Address P.O. Box 984

City  
Willows

State  
CA

Zip Code  
95988

Purpose of Disbursement  
G-2006 State House 03 CA

Candidate Name  
Rick Keene

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: B143903

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Strickland for Controller ID# 1277272

Mailing Address 921 11th Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
G-2006 State Comptroller CA

Candidate Name  
Tony Strickland

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B143905

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** House Republican Organization

Mailing Address P.O. Box 409

City Plainfield State IL Zip Code 60544

Purpose of Disbursement  
O-2006 State Multi-cand. PAC IL

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B144108

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Citizens to Elect Joe Birkett

Mailing Address 318 E. Jefferson Ave.

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
G-2006 Lt. Governor IL

Candidate Name  
Joe Birkett

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District:

Transaction ID: B144109

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of John Fritchey

Mailing Address 1341 W. Fullerton Ave. #288

City  
Chicago

State  
IL

Zip Code  
60614

Purpose of Disbursement  
G-2006 State House 11 IL

Candidate Name  
John A Fritchey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

**Transaction ID: B144789**

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Don White

Mailing Address 638 School Road

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
P-2008 State Senate 41 PA

Candidate Name  
Donald C White

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 41

**Transaction ID: B144790**

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Seth Harp Campaign Cmte.

Mailing Address PO Box 363

City  
Midland

State  
GA

Zip Code  
31820

Purpose of Disbursement  
G-2006 State Senate 29 GA

Candidate Name  
Seth Harp

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 29

**Transaction ID: B144902**

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Balfour for State Senate

Mailing Address PO Box 1384

City  
Snellville

State  
GA

Zip Code  
30078

Purpose of Disbursement  
G-2006 State Senate 09 GA

Candidate Name  
Don Balfour

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: B144903

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Tim Golden for State Senate

Mailing Address 110 Beacon Hill

City  
Valdosta

State  
GA

Zip Code  
31602

Purpose of Disbursement  
G-2006 State Senate 08 GA

Candidate Name  
Tim Golden

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: B144905

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Ralph Hudgens Campaign Cmte.

Mailing Address PO Box 534

City  
Comer

State  
GA

Zip Code  
30629

Purpose of Disbursement  
G-2006 State Senate 47 GA

Candidate Name  
Ralph T Hudgens

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 47

Transaction ID: B144907

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Dan Moody Campaign Cmte.

Mailing Address 3977 Merriweather Woods

City Alpharetta State GA Zip Code 30022

Purpose of Disbursement  
G-2006 State Senate 56 GA

Candidate Name  
Dan Moody

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 56

Transaction ID: B144909

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Chip Rogers

Mailing Address PO Box 813

City Woodstock State GA Zip Code 30188

Purpose of Disbursement  
G-2006 State Senate 21 GA

Candidate Name  
Chip Rogers

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 21

Transaction ID: B144910

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Ross Tolleson Campaign Cmte.

Mailing Address P.O. Box 1356

City Perry State GA Zip Code 31069

Purpose of Disbursement  
G-2006 State Senate 20 GA

Candidate Name  
Ross Tolleson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 20

Transaction ID: B144911

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 288 / 294

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** David Shafer Senate Cmte.

Mailing Address 4231 Pleasant Hill Road Suite B

City Duluth State GA Zip Code 30096

Purpose of Disbursement  
G-2006 State Senate 48 GA

Candidate Name  
David J Shafer

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 48

Transaction ID: B144912

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mitch Seabaugh Campaign Cmte.

Mailing Address P.O. Box 504

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
G-2006 State Senate 28 GA

Candidate Name  
Mitch Seabaugh

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 28

Transaction ID: B144913

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Committee to Elect Ron Forster

Mailing Address PO Box 100

City Ringgold State GA Zip Code 30736

Purpose of Disbursement  
G-2006 State House 03 GA

Candidate Name  
Ron Forster

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: B144914

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** John Meadows Campaign Committee

Mailing Address 110 Victory Court

City Calhoun State GA Zip Code 30701

Purpose of Disbursement  
G-2006 State House 05 GA

Candidate Name  
John Meadows

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 05

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B144915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Howard Maxwell Campaign Committee

Mailing Address 716 Graham Road

City Dallas State GA Zip Code 30132

Purpose of Disbursement  
G-2006 State House 17 GA

Candidate Name  
Howard R. Maxwell

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 17

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B144916

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Taxpayers for Tom Knox

Mailing Address PO Box 723057

City Atlanta State GA Zip Code 31139

Purpose of Disbursement  
G-2006 State House 24 GA

Candidate Name  
Tom Knox

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 24

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B144917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Carl Rogers Campaign Cmte.

Mailing Address PO Box 639

City  
GainesvilleState  
GAZip Code  
30503Purpose of Disbursement  
G-2006 State House 26 GACandidate Name  
Carl Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 26

Transaction ID: B144918

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Matt Dollar Campaign Committee

Mailing Address 1945 Annwicks Drive

City  
MariettaState  
GAZip Code  
30062Purpose of Disbursement  
G-2006 State House 45 GACandidate Name  
Matt Dollar011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 45

Transaction ID: B144919

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Wendell Willard Campaign Cmte.

Mailing Address 755 River Gate Drive

City  
AtlantaState  
GAZip Code  
30350Purpose of Disbursement  
G-2006 State House 49 GACandidate Name  
Wendell Willard011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 49

Transaction ID: B144920

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 291 / 294

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Joe Wilkinson Campaign Cmte.

Mailing Address 850 Old Creek Trail

City  
Sandy Springs

State  
GA

Zip Code  
30328

Purpose of Disbursement  
G-2006 State House 52 GA

Candidate Name  
Joe Wilkinson

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 52

**Transaction ID: B144921**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Stan Watson Campaign Cmte.

Mailing Address 4299 Sherwin Oaks Drive

City  
Decatur

State  
GA

Zip Code  
30034

Purpose of Disbursement  
G-2006 State House 91 GA

Candidate Name  
Stan Watson

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 91

**Transaction ID: B144923**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Steve Davis Campaign Committee

Mailing Address 1109 River Green Court

City  
McDonough

State  
GA

Zip Code  
30252

Purpose of Disbursement  
G-2006 State House 109 GA

Candidate Name  
Steve Davis

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 10

**Transaction ID: B144924**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Doug Holt Campaign Committee

Mailing Address 706 Stagg Trace

City State Zip Code  
 Social Circle GA 30025

Purpose of Disbursement  
 G-2006 State House 112 GA

Candidate Name  
 Doug Holt

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: B144925

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Ben Harbin Campaign Cmte.

Mailing Address PO Box 211959

City State Zip Code  
 Martinez GA 30917

Purpose of Disbursement  
 G-2006 State House 118 GA

Candidate Name  
 Ben Harbin

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: B144926

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Quincy Murphy Campaign Cmte

Mailing Address 3238 Peach Orchard Road

City State Zip Code  
 Augusta GA 30309

Purpose of Disbursement  
 G-2006 State House 120 GA

Candidate Name  
 Quincy Murphy

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: B144927

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 293 / 294

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Richard Smith Campaign Committee

Mailing Address P.O. Box 2122

City  
Columbus

State  
GA

Zip Code  
31902

Purpose of Disbursement  
G-2006 State House 131 GA

Candidate Name  
Richard Smith

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 13

**Transaction ID: B144929**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Jerry Keen Campaign Cmte.

Mailing Address P.O. Box 24290

City  
St. Simmons Island

State  
GA

Zip Code  
31522

Purpose of Disbursement  
G-2006 State House 179 GA

Candidate Name  
Jerry Keen

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 17

**Transaction ID: B144930**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Mike Duvall for Assembly ID# 1276187

Mailing Address PO Box 471

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
G-2006 State House 72 CA

Candidate Name  
Mike Duvall

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 72

**Transaction ID: B144955**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

31300.00

Form/Schedule: **SA11A1**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

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